

REACH Incident Report

This form is to be used for NON-EMERGENCY reporting. For emergencies—call 911. When complete please send form to Veronica.Hipolito@coconino.edu for student concerns or Dietrich.Sauer@coconino.edu for employee concerns

Background Information:

Name:

Role at the College:

Phone Number:

Email:

Nature of report:

Concerning or Threatening Behavior

Student Conduct Referral

Academic Dishonesty Report

Title IX Report

Urgency:

Normal

Critical

Date of Incident:

Time of Incident:

Location:

Was College Security Contacted:

Yes

No

Involved Parties and Any Witnesses:

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide. Please make sure to add the Comet ID's for each person involved.

Name:

Role at the College:

Comet ID (if a student):

Phone Number:

Email:

Name:

Role at the College:

Comet ID (if a student):

Phone Number:

Email:

Name:

Role at the College:

Comet ID (if a student):

Phone Number:

Email:

Please provide a detailed description of the incident/concern using specific concise, objective language.

Academic Integrity Sanctions Placed by Instructor at time of Violations:

Redo assignment or exam

Reduction in grade on the assignment

Reduction in grade in the course

Failing grade in course

Document Incident Only

Please send supporting documentation to Veronica Hipolito.
Veronica.Hipolito@coconino.edu or bring it to her office, room 400 on the Lone Tree campus.