



CARE Incident Form

This form is to be used for NON-EMERGENCY reporting. For emergencies—call 911.

When complete please send form to: Tony.Williams@coconino.edu for student concerns or Dietrich.Sauer@coconino.edu for employee concerns

Your Information

Full name:

Comet ID/@ID:

Role at the college:

Phone Number:

Email Address:

Report Information

Nature of Report

<input type="checkbox"/>	Student Welfare Concern
<input type="checkbox"/>	Student Conduct Referral
<input type="checkbox"/>	Academic Dishonesty Referral
<input type="checkbox"/>	Title IX Report/Sexual Misconduct

Urgency

<input type="checkbox"/>	Normal
<input type="checkbox"/>	Critical

Date of Incident

Time of Incident

Location of Incident

Was College Security Contacted

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Involved Parties

Please list the individuals involved (excluding yourself), beginning with the person you are concerned about. Including as many of the listed fields as you can provide. Please include Comet IDs or @IDs for each person involved.

Full name:

Comet ID/@ID:

Role at the college:

Phone Number:

Email Address:

Full name:

Comet ID/@ID:

Role at the college:

Phone Number:

Email Address:

Full name:

Comet ID/@ID:

Role at the college:

Phone Number:

Email Address:

Full name:

Comet ID/@ID:

Role at the college:

Phone Number:

Email Address:

Additional Questions

If Student Welfare Concern

Disconnected or out of touch with reality

Concerns expressed from other students

Depressed

Disturbed writing

	Heightened emotional distress
	Hostile, aggressive or intimidating remarks or behaviors
	Marked change in affect, attendance or academic performance
	Safety Concern
	Suicidal remarks or attempts

If Violation of Student Code or Conduct or Title IX Policy

	Abuse of others / assault / physical abuse / verbal abuse / threats / intimidation
	Abuse of the conduct process
	Academic dishonesty / cheating / plagiarism / unauthorized collaboration
	Aiding, soliciting, or attempt of another person to commit a conduct violation
	Alcohol / marijuana / tobacco / other drugs (use or possession)
	Computer abuse
	Discrimination / discriminatory harassment
	Disruptive or obstructive conduct
	Domestic / dating violence
	Ethics violation
	Failure to comply with college directive
	False or deceptive conduct
	Gender-based harassment
	Harassment
	Hazing
	Personal offense (an offense against the safety or security of any person)
	Property violation (theft, misappropriation, unauthorized use of possession, vandalism)
	Retaliation
	Safety violation
	Sexual misconduct
	Sexual harassment
	Sexual intimidation
	Nonconsensual sexual intercourse (rape)
	Nonconsensual sexual contact (sexual assault)
	Stalking
	Quid Pro Quo ("this for that" of a sexual nature)
	Sexual exploitation
	Theft
	Unauthorized access

- Vandalism
- Violation of disciplinary sanctions
- Violation of Law
- Weapons violation
- Other

If Other Please Describe: (200 characters max)

Details of Incident

Please describe in as much detail as possible, the specific behaviors observed. Indicate specific words, phrases and interaction. If a subject used profanity, made threats, or spoke of self harm, indicated specific words/phrases used. If the person was loud or disruptive, indicate behaviors associated with the disruption, and describe any injury or damage to person(s) or property. If a student has shown academic dishonesty, describe the acts the student took part in. If this is a welfare concern, please describe the change in student behavior that has prompted this report. Include name(s) of campus personnel you contacted and actions taken, if any. (750 characters max)

FACULTY ONLY: Academic Integrity Sanctions Placed by Instructor at time of Violations

- | | |
|---|--|
| <input type="checkbox"/> Redo assignment or exam | <input type="checkbox"/> Failing grade in course |
| <input type="checkbox"/> Reduction in grade on the assignment | <input type="checkbox"/> Document Incident Only |
| <input type="checkbox"/> Reduction in grade in the course | |

Please send completed form and supporting documentation to:

Student Concerns: **Tony Williams**, Tony.Williams@coconino.edu, Lone Tree Campus, Room 400
 Employee Concerns: **Dietrich Sauer**, Dietrich.Sauer@coconino.edu, Lone Tree Campus, Room 446