


The Process of Submitting the Code of Conduct Incident Report

Step 1: Reporter Information:


Reporter Information

Your full name: 



Your position/title:

Your phone number:


Your email address:

* Nature of this report: 

Urgency of this report:

* Date of incident:   *must be formatted YYYY-MM-DD*

Time of incident: : :

* Location of incident: 

Specific location:


Fill this section out as completely as possible. Your full name and any other categories with an asterisk next to them are required.

Step 2: Involved Parties

Involved Parties

Please list all involved parties below including witnesses.

<input type="text" value="Full Name"/>	<input type="text" value="ID Number"/>
<input type="text" value="Phone number"/>	<input type="text" value="ID Number"/>

====[Select Role]====
====[Select Role]====
Alleged
Witness 

“Alleged” is the term for the person who is believed to have violated the Code of Conduct policy. If you know the student’s ID please add it because it will help us identify the individual.

Step 3: Reason for the Report:

REASONS FOR THE REPORT

Below are categories that correspond to the Behavioral Intervention Team (BIT). Please indicate the relevant sections that may pertain to this incident report.

- | | |
|---|--|
| <input type="checkbox"/> Physical Threats | <input type="checkbox"/> Odd Behavior |
| <input type="checkbox"/> Verbal Threat | <input type="checkbox"/> Suicidal Ideation |

Below are categories that correspond to the Student Code of Conduct. Please indicate the relevant sections that may pertain to this incident report.

- | | | |
|--|--|---|
| <input type="checkbox"/> Dishonesty (changing MnSCU records) | <input type="checkbox"/> Hazing | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Dishonesty (election tampering) | <input type="checkbox"/> Damage to Property | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Dishonesty (financial) | <input type="checkbox"/> Unauthorized Incurring of Financial Obligations | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Dishonesty (Forging or Misusing Document) | <input type="checkbox"/> Gambling on campus | <input type="checkbox"/> Obstruction of Traffic |
| <input type="checkbox"/> Dishonesty (Furnishing False Information) | <input type="checkbox"/> Solicitation | <input type="checkbox"/> Disorderly Conduct |
| <input type="checkbox"/> Conviction or No Contest Plea for Felony | <input type="checkbox"/> Failure to Comply | <input type="checkbox"/> Abuse of Computers |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Unauthorized Entry | <input type="checkbox"/> Abuse of the Student Judicial Systems |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Violation of Published Policies | <input type="checkbox"/> Student Organizations/Facilities/Public Expression |
| <input type="checkbox"/> Physical or Sexual Abuse | <input type="checkbox"/> Violation of Law at University-Sponsored Events | <input type="checkbox"/> Disruption/Profanity/Defiance |
| <input type="checkbox"/> Unauthorized Use or Theft | <input type="checkbox"/> Drugs | <input type="checkbox"/> Interference with Regular University Operation |

Please check whatever categories apply. You can check more than one. There is a separate form for submitting reports of academic integrity.

* Please detail the alleged violation below. Be as specific as possible in stating the facts and give a clear description of the situation and conditions.

[Check Spelling & Preview](#)

* Please outline the desired outcome you are seeking to resolve the conduct situation.

[Check Spelling & Preview](#)

This is a free-form field which you can provide details of the incident. Please be specific and include as much information as possible.

Step 4: Supporting Documentation:

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. *Maximum 12 megabytes per file*
Attachments require time to upload, so please be patient after you click to submit this report.

Please attach emails, assignments, photos, videos, and other supporting documentation that may be relevant.

Step 5: Select copy recipients

Select Copy Recipients

If other departments or individuals should receive a copy of this report, please select them below [click to expand](#)

<input type="checkbox"/>	Judicial Affairs Officer Kelly.Vonruden@metrostate.edu	<input type="checkbox"/>	Director of Safety and Security Thomas.Maida@metrostate.edu
<input type="checkbox"/>	Dean of Students Herbert.King@metrostate.edu		

Please indicate in this section by clicking on the box who you would like this form to route to. If you do not select someone it will automatically route to the Judicial Affairs Office.

Step 6: One Last Step...


One last step ...

Help us prevent spam reports. Prove you're a human by typing the letters and numbers as you see them in the block to the right. Capitalization does not matter but cookies must be enabled in your browser for this to work.

Type it here:

Email me a copy of this report

Submit report


[I can't read it; let's try a different one.](#)

A copy of the form will automatically be sent to you unless you uncheck the box. Review your form submission before hitting the submit report button.