

Incident & Student of Concern Report

**If you are involved in an actual emergency, call 911, then notify 207-540-5719 as soon as it is safe to do so.
For non-life-threatening emergencies, contact 207-540-5719 for assistance.**

This form is a multi-purpose tool used to document a wide range of incidents (i.e., something happened that you want to tell us about), report students of concern (someone you are worried about), potential violations of NMCC policy (e.g., cheating, alcohol, fighting, etc.) and/or general concerning behavior.

Please provide as much detailed information as possible about the concerning behavior or incident that involved a Northern Maine Community College (NMCC) employee or student. While reporting can be completed anonymously, we encourage you to provide your name and contact details as further information is often needed in order to take action. Your identity will be protected whenever possible. If you choose to complete this form anonymously, please be aware that it will likely limit the College's ability to gather necessary information and/or intervene.

All questions regarding the completion of this form can be directed to the Associate Dean of Student Affairs & Retention Office.

** Required field*

Background Information

Your full name

Your position or role

Your phone number

Your email address

Your physical address

Nature of this report *

Urgency of this report *

Date of incident (MM/DD/YYYY) *

Time of incident

Location of incident *

Specific location

Involved Parties

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide. For non-students, please list a Driver's License number in the ID Number field if available.

Involved Party 1

Name or organization

Role

Select role

ID number (SID or Driver's License)

DOB (YYYY-MM-DD)

Phone number

Email address

Residence hall or address

Involved Party 2

Name or organization

Role

Select role

ID number (SID or Driver's License)

DOB (YYYY-MM-DD)

Phone number

Email address

Residence hall or address

Involved Party 3

Name or organization

Role

Select role

ID number (SID or Driver's License)

DOB (YYYY-MM-DD)

Phone number

Email address

Residence hall or address

Description

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

(Who, what, where, when, why, and how)

Academic Concerns

Academic concerns for this student. Check all that apply.

- | | |
|--|---|
| ☐ Plagiarism | ☐ Content of Written Work |
| ☐ Cheating | ☐ Classroom Disruptions |
| ☐ Failure to Complete Assignments | ☐ Excessive Absences/Late to Class |
| ☐ Change in Quality of Work | |

Emotional or Behavioral Concerns

Emotional or behavioral concerns for this student. Check all that apply.

- | | |
|--|---|
| ☐ Anger, Aggression, or Hostility | ☐ Concerning Behavior on Social Media |
| ☐ Emotional Distress | ☐ Homicidal Thoughts/Speech |
| ☐ Excessive Anxiety | ☐ Stalking (incl. Cyber Stalking) |
| ☐ Extreme Mood Swings | ☐ Suicidal Speech, Behaviors, or Gestures |
| ☐ Grief | ☐ Suicide Attempt |
| ☐ Bizarre or Disjointed Thoughts/Behavior | ☐ Threatening/Harassing Speech or Behavior |
| ☐ Disordered Eating | ☐ Alcohol/Drug Abuse |
| ☐ Engaging in Reckless Behavior | ☐ Domestic Violence |
| ☐ Hunger/Food Insecurity | ☐ Family Problems |
| ☐ Loneliness or Isolation | ☐ Financial Problems |

- ☐ Paranoia or Obsessive Thoughts
- ☐ Self-Injurious Behavior
- ☐ Significant Change in Appearance/Behavior

- ☐ Homelessness
- ☐ Victim of Assault
- ☐ Victim of Harassment/Bullying

Conduct Violations or Criminal Behavior

Conduct violations or criminal behavior concerns for this student. Check all that apply.

- | | |
|--|---|
| ☐ Alcohol/Drug Distribution | ☐ Sexual Assault |
| ☐ Alcohol/Drug Use | ☐ Sexually Inappropriate Behavior |
| ☐ Display or Use of Weapon | ☐ Stalking (incl. Cyber Stalking) |
| ☐ Domestic Violence | ☐ Theft |
| ☐ Illegal Conduct | ☐ Threatening/Harassing Speech or Behavior |
| ☐ Physical Assault | ☐ Tobacco Use on Campus |
| ☐ Property Damage or Misuse | ☐ Other |

If Other, please describe

Supporting Documentation

If you have any documents, photos, videos, etc. that may be helpful, please list them below and attach them when you submit this form (email or deliver to the Associate Dean of Student Affairs & Retention Office).

Submission

Date submitted (MM/DD/YYYY)

Return the completed form to the Associate Dean of Student Affairs & Retention Office.