

NON - ACADEMIC MISCONDUCT INCIDENT REPORT

Any individual who witnesses an incident must complete Section A of this form. Forms should be submitted to the Office of Student Conduct within TEN (10) working days whenever possible from the date on which the incident occurred.

The form must be completed in ink. Please print.

Incident # _____
To be completed by the Office of Student Conduct

SECTION A:

Student's Last Name: _____ First Name: _____ Initials: _____

Student ID Number: _____ Date of Incident: (dd/mm/yyyy) _____

Course Name: _____ Course Number: _____ Course section: _____

Name of Individual reporting Incident: _____ Signature: _____

Brief description of Incident: *(Please attach separate sheet if insufficient space)*

SECTION B: *(To be completed by the Office of Student Conduct)*

Is this the first incident of Non-Academic Misconduct? Yes No
 Student advised by Office of Student Conduct In person In writing by telephone on _____
 (dd/mm/yyyy)

Is the Office of Student Conduct recommending further action be taken?
 No _____
 Authorized Signature _____ Date Incident Report Finalized (dd/mm/yyyy) _____

Yes If Yes, please provide brief description of recommendations and sanctions to be taken Advising Alternative Procedure Mediation

Was recommendation completed? Yes No If no, specify further actions: _____

Date Incident Report forwarded to Non-Academic Misconduct Review Board (dd/mm/yyyy) _____
(due to non compliance of recommendation)

SECTION C: *(To be completed by the Non-Academic Misconduct Review Board)*

Decision of the Board is: _____

Signature of Non-Academic Misconduct Review Board Chairperson _____ Date (dd/mm/yyyy) _____

President Signature required only if the recommendation is:
 Rescission of Credentials Dismissal Suspension Expulsion

Signature of President _____ Date (dd/mm/yyyy) _____

INTERIM SUSPENSION DETAILS: *(To be completed by the Vice President, Student Affairs & Campus Life)*

Are you recommending temporary exclusion of this student from the College? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please provide conditions of exclusion: _____	
Authorizing Signature _____	Date (dd/mm/yyyy) _____
Meeting between Student and Vice President within FIVE (5) working days of exclusion: _____	
Date of Meeting (dd/mm/yyyy) _____	
Outcome of Meeting and Further Recommendation: _____	

Freedom of Information and Protection of Privacy: The information that you provide on this form is collected under the authority of the Colleges Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta. It will be used for identification purposes and to process the request outlined on this form. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the Collection or use of this information, contact the Registrar, A101, Kerby Hall, (403) 440-6346.