



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

STUDENT BEHAVIORAL CONSULTANT TEAM (SBCT)
FACULTY/STAFF REPORT FORM

NAME OF REPORTING FACULTY/STAFF:

CONTACT INFORMATION: Phone:

E-mail:

DEPARTMENT/UNIT:

DATE OF REPORT:

REPORTER'S DEPARTMENT CHAIR OR IMMEDIATE SUPERVISOR:

HOW DO YOU KNOW THIS STUDENT?

STUDENT NAME:

BANNER ID#:

RELEVANT INFORMATION ON STUDENT:

INCIDENT DATE:

INCIDENT TIME:

INCIDENT LOCATION:

FACULTY/STAFF DESCRIPTION OF INCIDENT: [The description of the behavior(s) of concern that you have observed from interaction(s) with student.]

ACTION TAKEN BY FACULTY/STAFF TO RESOLVE THE PROBLEM: [What did faculty/staff member say to student or actions taken due to encounter/incident]

WITNESS NAME(S):

WAS UNIVERSITY POLICE INVOLVED? No Yes
IF SO, HOW?

DEPARTMENT CHAIR/UNIT SUPERVISOR COMMENTS:

SIGNATURE: _____ **DATE:** _____

Send Report to:
Chaley Swift, Administrative Assistant to the Vice President at cswift@brockport.edu

For questions call (585) 395-2137

SBCT Referral Reviewed by: _____ **Date:** _____

Copy to School Dean

If you are concerned that someone is in danger of harming themselves or others, immediately contact University Police, Lathrop Hall, Phone: (585) 395-2222