



Threat Assessment Team Referral Form

This referral form is designed to enable faculty, staff, and students to voluntarily report “red flag behaviors” that may raise concerns and incidents of student/employee misconduct at Connors State College. An incident, in this context, is an event that does not warrant immediate intervention. **In the event of an emergency that requires immediate intervention, call 911 or Campus Security.** The referral form will provide a mechanism for responding to individual incidents and will reveal patterns of disruptive behavior of specific students/employees. It will also provide aggregate data on the nature and frequency of disruptions at Connors State College. This report provides a standardized method for recording observations of troublesome behaviors and for alerting staff of potential concerns. In accordance with Connors State College policy, the information provided in the Threat Assessment Team Referral Form may also be considered in determining appropriate disciplinary action with students/employees.

Student /Employee information: (please enter as much information as possible)

Name _____ Student/Employee ID # _____

Address _____ Phone _____

Incident Information:

Date of incident _____ Date form completed _____

Class/Location of incident _____ Time of incident (approximate) _____

Name of person reporting incident _____ Phone _____

Email address _____

Are you a _____ Student _____ Employee _____ other (please explain) _____

Name(s) of other involved _____

Please provide a detailed description of the incident, paying particular attention to the behaviors of the student/employee. Concrete, specific observations are most useful. Avoid providing judgments, assessments, and opinions:

Please describe conversations you have had with the student/employee and any action you have taken regarding this incident:

**Please submit the completed form to:
Dean of Students, A.D. Stone Student Union, Office 141**