

Removal of Disruptive Student Faculty / Staff Incident Form

San Mateo County Community College District Student Code of Conduct & Disciplinary Actions *

Date:	Campus/Location:
Student Name:	G #:
Date/Time of Incident:	Room:
Class/Section:	CRN:
Witness(es) Name: Please Check: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other	Witness(es) Contact Info (email, phone):
Please Check: Did the student leave voluntarily: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removal from Class <input type="checkbox"/> Removal from Class and Subsequent Class Meeting Other (Explain):	
Description of Incident:	
Action taken by Faculty/Staff:	
Administrator Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: Public Safety Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name:	
Faculty/Staff Name (print):	Phone:
Signature:	Date:

NOTE: Send completed incident form to Division Dean and the Vice President of Student Services and a copy to other appropriate supervisor.

*Refer to San Mateo County Community College District Board Policy 7.69 and Board Procedures 7.69.1 - 7.69.3