MCHENRY COUNTY COLLEGE
STUDENT CODE OF CONDUCT INCIDENT REPORT FORM

Person Filing Report_____ Date of Incident ___/___/___

Telephone Number _____ Time of Incident _____ AM/PM

Location of Incident *(Be specific)*_____ Date of Report ___/___/___

Individuals Involved (please include address and phone number, if available; and mark if witness)

Name	**Address**	**Phone #**	**Witness**

Description of Incident (Please explain in your own words what happened. Please include as much detail as possible. It's easiest if you tell the story in chronological order.)

"In filing this report:

- I consent to the release and use of this report and any information relating to the investigation of this alleged incident to any officer or agent of the College who may be investigating the incident.
- I understand that this report may be accessed by the students named above or any other individual(s) who may, through the College's investigation, be involved in this alleged incident.
- I understand that I may be required by the College to serve as a hearing witness in regards to this report."

Signature _____