

**BLOOMFIELD COLLEGE
THE OFFICE OF STUDENT AFFAIRS
STUDENTS OF CONCERN CARE TEAM**

STUDENTS OF CONCERN REFERRAL

Please use this form to submit student behavior concerns and/or to report an incident. If this situation requires immediate attention, please contact Campus Security at (973) 748-9000, ext. 1366

Background Information

Your full name: _____
Your title/position: _____
Your office/department: _____
Your email address: _____

Date of Issue/Incident: _____ Time of Issue/Incident: _____

Incident Location (Please check all that apply)

- Academic/Classroom Residence Halls Campus/Office
 Off Campus (please explain)

Persons Involved Please list the person(s) of concern or otherwise involved. Please include their BC ID number.

Nature of Issue/Concern Provide a detailed description of the issue/concern using specific/concise language and attach additional pages if necessary)

On/Off Campus Security and Care Measures Taken (Please check all that apply)

- Campus Security Bloomfield Police Department Referral to Personal Counseling
 Paramedics Hospital Referral to Health Services

Select Copy Recipients (Please check all that apply -Other departments/individuals that should receive a copy of this report)

- Campus Safety Personal Counseling Health Services
 Office of Student Affairs Office of Disability Services
 Office of Academic Affairs Residential Education & Housing

List additional parties involved and/or witnesses not mentioned above regarding the issue/concern along with their contact information:

1. _____
2. _____
3. _____
4. _____

FOR STUDENT AFFAIRS OFFICE USE ONLY

DATE RECEIVED:

STAFF INITIALS: