

Reporting Party Information

[Enable additional features by logging in.](#)

Your full name:


Sarah Kelly

Your phone number:

555-555-5555

Your email address:

skelly@scu.edu

 [Learn more](#)

Nature of this report (Required):


For your information

Urgency of this report (Required):

Normal


Date of incident (Required):

04/18/2023

 [Learn more](#)

Time of incident:

4:00 PM

 [Learn more](#)

How did you learn about
this (Required):

Through academic/advising conversation

Student(s) of Concern

Please provide as much information as you are able to help us reach out to the correct individual.

If you are reporting distressing behavior displayed by a connected group of students or members of a university organization, please provide the name of each student. If you do not know the students' name please provide a description below.

Name	SCU ID Number (full ID with all 0's)	Phone number	Email address
Charlie Davidson	00000012345	555-555-5555	cdavidson@scu.edu
Residence Hall or Address			
Villas			

[Add another party](#)

Reason(s) for Report

Please check the appropriate box(es) that relate to your concerns. In the narrative section, provide detailed information regarding the concern you are reporting. Once the form is received, the appropriate party will review the report and take action as necessary which may or may not include contacting the individual(s) involved or you.

The following issue(s) are causing me concern about the student(s): **(Required)**

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Aggression and/or hostility | <input type="checkbox"/> Extreme withdrawal | <input type="checkbox"/> Non-responsive to outreach (non-academic related) |
| <input type="checkbox"/> Alarming writings or drawings | <input type="checkbox"/> Failing grades | <input type="checkbox"/> Preoccupation with guns, ammunition, or weapons |
| <input type="checkbox"/> Alcohol abuse/dependence | <input type="checkbox"/> Family abuse | <input type="checkbox"/> Preoccupation with fire or bombs |
| <input checked="" type="checkbox"/> Anxiety, overly stressed, and/or overwhelmed | <input type="checkbox"/> Feels that they have been treated unfairly or is being targeted | <input type="checkbox"/> Self-injurious behavior (cutting, burning, etc.) |
| <input type="checkbox"/> Bizarre or erratic behavior | <input type="checkbox"/> Financial issues | <input type="checkbox"/> Significant change in behavior, hygiene, or self-care |
| <input type="checkbox"/> COVID-19 related issue | <input type="checkbox"/> Grief and/or significant loss | <input type="checkbox"/> Significant change in academic performance |
| <input type="checkbox"/> Depression and/or withdrawal | <input type="checkbox"/> Homeless | <input type="checkbox"/> Suicide: attempted |
| <input checked="" type="checkbox"/> Disconnected from reality | <input type="checkbox"/> Incoherent or slurred speech | <input type="checkbox"/> Suicide: thoughts expressed |
| <input type="checkbox"/> Drug abuse/dependence | <input type="checkbox"/> Medical issues or concerns | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Eating disorder (anorexia or bulimia) | <input type="checkbox"/> Missed multiple classes & non-responsive to outreach about missed class | |

If you answered "OTHER" briefly state the nature of your concern(s):

What is your relationship to the student(s): **(Required)**

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Acquaintance | <input type="checkbox"/> Family | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Friend | <input type="checkbox"/> Self (for self-referrals) |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Parent | <input type="checkbox"/> Significant other |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Residence Life | <input type="checkbox"/> Other |

Please provide a detailed description of the incident/concern. Some tips to keep in mind: Stick to observable facts - what did you see or hear Include behavioral examples to help illustrate and explain your concern Include relevant history Include any action or response taken, and how the individual responded **(Required)**

The student was upset we could not immediately read and edit his paper that was due the next day. He did not have an appointment. We talked some about areas he could improve the assignment briefly, but he was upset and didn't want to stay long. I'm making this report more because something just seems really off about him. I answered his question three times about why we couldn't edit his paper without having received it earlier. He just kept saying he was able to do this before. He just seemed really confused and didn't seem to understand what I was saying.

Have you spoken with the student(s) about your concern(s)?

- Yes No

If you answered "Yes", what was the outcome of that discussion?

Have any of the following occurred connected with or as a result of your concern(s)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Arrest | <input type="checkbox"/> EMS called - No transport needed | <input type="checkbox"/> Hospitalization - Voluntary |
| <input type="checkbox"/> Campus Safety called | <input type="checkbox"/> EMS called - Transport refused | <input type="checkbox"/> Local police contacted |
| <input type="checkbox"/> EMS called - Transport | <input type="checkbox"/> Hospitalization - Involuntary | |

If this is not an FYI report, do you wish to be contacted for a follow-up? If yes, be sure to provide an email address above.

- Yes
 No