



**ELGIN COMMUNITY COLLEGE**  
**HEALTH PROFESSIONS DEPARTMENT**  
**STUDENT REPORT**

This form is to be used by faculty, staff, Program Directors, and/or Instructional Coordinators to describe an incident an observation or interaction with a student that is deemed worth noting.

Time and Date of Occurrence (s): \_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Course/semester in school \_\_\_\_\_

Location of Incident (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Concern (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was Security Called: \_\_\_\_\_

Was a Police Report Filed: \_\_\_\_\_

What Action was taken?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Observer: \_\_\_\_\_

Signature of Observer and date: \_\_\_\_\_