



LONG BEACH
CITY COLLEGE

STUDENT AFFAIRS

Office of Student Affairs

Student Incident/Infraction Report

Use this form to refer issues to the Dean of Student Affairs.

GENERAL INFORMATION			
Student's Last Name:		First:	Student ID:
Address:		Phone:	
Name of Person Submitting Report:		Contact Info:	
Date & Time of Incident/Infraction:		Location: <input type="checkbox"/> LAC <input type="checkbox"/> PCC	
STUDENT CODE VIOLATION (CHECK ALL THAT APPLY)			
<input type="checkbox"/>	Willful disobedience or defiance toward college official	<input type="checkbox"/>	Theft/damage to, property belonging to the college & college community
<input type="checkbox"/>	Violation of rules/regulation concerning student organizations, use of facilities or time/place/manner of public expression.	<input type="checkbox"/>	Disorderly, lewd, indecent, obscene, or offensive conduct or expression
<input type="checkbox"/>	Dishonesty such as cheating/furnishing false information	<input type="checkbox"/>	Use, possession, distribution of alcohol, narcotics or any other drugs.
<input type="checkbox"/>	Unauthorized entry to, or use of, college facilities	<input type="checkbox"/>	Assault/battery, abuse, or any threat of force or violence
<input type="checkbox"/>	Forgery, alteration, or misuse of college documents/ID	<input type="checkbox"/>	Possession/ use of firearms, explosives or other weapons
<input type="checkbox"/>	Obstruction or disruption of College day-to-day operations	<input type="checkbox"/>	Possession of any article as a weapon to threaten bodily harm
<input type="checkbox"/>	Other: (Explain)	<input type="checkbox"/>	Misuse of College information technology equipment/software/internet access
DESCRIPTION OF INFRACTION (use additional sheets if necessary):			
WITNESSES (if available)			
1.		2.	
PRIOR ACTION(S) TAKEN BY FACULTY/STAFF MEMBER			
<input type="checkbox"/>	Warning Issued for Offense	<input type="checkbox"/> Verbal	<input type="checkbox"/> Written
<input type="checkbox"/>	Removal from Class: Date(s) _____	<input type="checkbox"/>	Other Action(s):
FOLLOW-UP ACTION REQUESTED (check all that apply)			
<input type="checkbox"/>	This referral is for your information only. No follow-up requested.	<input type="checkbox"/>	Please call with suggested interventions.
<input type="checkbox"/>	Please meet with student for disciplinary action.	<input type="checkbox"/>	Other: (Explain) _____
ADMINISTRATIVE ACTION (description of actions taken)			
ADMINISTRATOR'S SIGNATURE: _____ DATE: _____			

Please submit this form to the Dean of Student Affairs via email rbecerra@lbcc.edu or hand deliver to E206.

EMERGENCY: If student is a threat or help is needed immediately, contact Campus Police at (562) 938-4910

