



LONG BEACH  
CITY COLLEGE

STUDENT AFFAIRS

# Office of Student Affairs

## Student Incident/Infraction Report

Use this form to refer issues to the Director of Student Life and Student Conduct. Form also available online at: <http://www.lbcc.edu/StudentAffairs/>

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	
<b>DESCRIPTION OF INFRACTION</b> (use additional sheets if necessary):		
<b>WITNESSES</b> (if available)		
1.	2.	
<b>PRIOR ACTION(S) TAKEN BY FACULTY/STAFF MEMBER</b>		
<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):	
<b>FOLLOW-UP ACTION REQUESTED</b> (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) _____	
<b>ADMINISTRATIVE ACTION</b> (description of actions taken)		
ADMINISTRATOR'S SIGNATURE: _____ DATE: _____		

Please submit this form to the Director of Student Life and Student Conduct via email [williams@lbcc.edu](mailto:williams@lbcc.edu) or hand deliver to E207. For more information, please call (562) 938-4552.

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

