



## Student Conduct Incident Report Form

**Complainant Name & Date:** \_\_\_\_\_

**Student ID# (if applicable):** \_\_\_\_\_

**Contact Information:**  
**(Preferred phone, address & email)** \_\_\_\_\_  
\_\_\_\_\_

**Co-Complainant Name & Date:** \_\_\_\_\_  
**Student ID# (if applicable):** \_\_\_\_\_

**Contact Information:**  
**(Preferred phone, address & email)** \_\_\_\_\_  
\_\_\_\_\_

**Witness(es)** – Person(s) that was witness to the alleged Student Code of Conduct violation:

**Name & Contact Information:** \_\_\_\_\_

**Name & Contact Information:** \_\_\_\_\_

Upon review of the Complainant statement, the College reserves the right to identify other sections of the Student Code of Conduct that may have been violated based solely off of the written report. A completed Conduct Report Form, in and of itself, does not necessarily infer that a violation has occurred.

In the space below, please mark all sections of the Student Code of Conduct that you feel may have been violated. Please refer to the Student Code of Conduct for definitions of each:

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Acts of Dishonesty   | <input type="checkbox"/> 7. Sexual Harassment and Misconduct                                   |
| <input type="checkbox"/> 2. Disruption or Obstruction of Teaching                                  | <input type="checkbox"/> 8. Use, Possession, Manufacturing or Distribution of Drugs or Alcohol |
| <input type="checkbox"/> 3. Failure to Comply with Directions of College Officials                 | <input type="checkbox"/> 9. Hazing   |
| <input type="checkbox"/> 4. Violation of any College or Minnesota State Policy, Rule or Regulation | <input type="checkbox"/> 10. Lewd or Indecent Conduct  |
| <input type="checkbox"/> 5. Violation of any Federal, State or Local Law                           | <input type="checkbox"/> 11. Attempted or Actual Theft   |
| <input type="checkbox"/> 6. Physical Abuse, Verbal Abuse, Threats, etc.                            | <input type="checkbox"/> 12. Firearms/Weapons Violation  |
|  | <input type="checkbox"/> 13. Abuse of Computer Facilities and Resources                        |



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These/this event occurred:     On Campus     Off Campus at a College Sponsored Event

If applicable, occurred in or at the following class or event:

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(Class Name, number and campus, if appropriate, or Event title)

Preferred Response:

- Report Only, complainant requires no further action be taken.
- Complainant requests further action to be taken by Dean of Students.

Save this form (and any additional pages or information) and email them to:

Heidi.Olson@ridgewater.edu

Please call 320-222-5209 with any questions.