

NON-ACADEMIC STUDENT CONDUCT INCIDENT REPORT

REPORTER TYPE

I am a:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> NAM reporting unit <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Athletics</td> <td style="width: 50%;"><input type="checkbox"/> Human Rights</td> </tr> <tr> <td><input type="checkbox"/> AMS Judicial</td> <td><input type="checkbox"/> Residence Life</td> </tr> <tr> <td><input type="checkbox"/> BISC</td> <td><input type="checkbox"/> SVPRC</td> </tr> <tr> <td><input type="checkbox"/> CSES</td> <td></td> </tr> </table> <input type="checkbox"/> Other – please specify:	<input type="checkbox"/> Athletics	<input type="checkbox"/> Human Rights	<input type="checkbox"/> AMS Judicial	<input type="checkbox"/> Residence Life	<input type="checkbox"/> BISC	<input type="checkbox"/> SVPRC	<input type="checkbox"/> CSES	
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<input type="checkbox"/> BISC	<input type="checkbox"/> SVPRC								
<input type="checkbox"/> CSES									

REPORTER INFORMATION

Your Name	
Your Email Address	

TIME AND LOCATION OF INCIDENT

Date of Incident	
Time of Incident	

Location of Incident

Provide as much information about the location as possible

INDIVIDUAL(S) INVOLVED

Student Respondent(s)

List all respondents (individuals with alleged non-academic misconduct) involved in this incident

Respondent(s) Student ID	
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Non-Queen’s Respondent(s)

Non-Queen’s respondents or clarifying details for an “Unknown” Respondent

Student Group Respondents

Please list all Student Groups involved in this incident , if applicable

Student Complainant(s)

Please list the Complainant(s)

Complainant(s) Student ID

Complainant(s) email

Witness(es)

List all additional individuals involved in this incident and their role during the incident (i.e. witness, victim).

DESCRIPTIVE INFORMATION

Incident Description

Provide a detailed synopsis of the incident. Attach additional pages if required

Emergency Response

Which, if any, emergency services were notified or responded?

- Campus Security and Emergency Services
- Queen's First Aid
- Kingston Police
- Ambulance
- Fire Department
- Other - Please Specify

ACTIONS TO DATE & ADDITIONAL INFORMATION

Provide any relevant additional information.

If applicable, please specify what interim actions have been taken to date, and by whom.

Additional Documents

Identify additional documents attached to this form (photos, original complaints, etc.)