

MONTGOMERY COLLEGE
Tobacco-Free Incident Report Form

Person Being Referred:

First Name Last Name

Student College Employee Visitor

MC # (if available) M _____ Sex: Female Male

Person Filing Report:

First Name Last Name

FACULTY: Full Time Adjunct Dept.: _____

STAFF: Full Time Part Time Dept.: _____

ADMINISTRATOR OTHER Please Specify _____

STUDENT HEALTHY CAMPUS ADVOCATE

Contact Information of Person Filing Report:

Phone: _____ Email: _____

Cell: _____

Date/s of Incident:

Day of Week Month Day Year

Occurred/Behavior Observed TIME _____ AM _____ PM

Location of Incident:

Have you advised the person of this referral? YES NO

(If no, please explain.)

Description of the Incident

(Use right side.)

Please provide a detailed description of the incident/observed behaviors. Include the name of witnesses and their contact information, if available. Be specific, record behaviors not assumptions.

After recording the details of the incident, please date, sign and print your name at the bottom of the page where indicated.

Thank you for your active participation in supporting Montgomery College and the College's tobacco-free policy.

Date

Signature of Person Filing Report

Printed Name of Person Filing Report