

Cuyamaca College
Removal of Disruptive Students
Faculty/Staff Incident Form

Today's Date:
Student Name:
Student ID Number:
Course:
Section:
Time:
Date/Time of Incident:
Witnesses:
Please check: <ul style="list-style-type: none"><input type="radio"/> Removal From one class session<input type="radio"/> Removal from class for two sessions
Description of Incident:

Administrator Present:

- Yes (If yes, please name: (_____))
- No

College Police Contacted:

- Yes (If yes, please name: (_____))
- No

Action taken by Instructor/Staff:

Did the student leave voluntarily:

- Yes
- No

If the student was asked to leave the classroom and refused to leave, please fill out the bottom portion of the form.

Action taken by College Police:

Was student cited?

- Yes (If so, for what violations: _____)
- No

Instructor/Staff Name (print): _____

Signature: _____

Date: _____

Note: send completed incident report to the Associate Dean of Student Affairs and your Department Chair.