

UMKC School of Pharmacy Student Behavior Reporting Form

Any person, department, organization or entity can file a Student Behavior Reporting Form with the UMKC School of Pharmacy Associate Dean of Student Affairs.

If you have a concern about the behavior of a UMKC School of Pharmacy student, prospective student, or graduate student, please complete this form. You may be contacted by the Associate Dean of Student Affairs to obtain additional information related to the concerns listed in this document. This information can be used to determine whether additional action will be taken by the Associate Dean of Student Affairs, or whether a referral to the Honor Council is warranted. Please note that the information will be kept as confidential as possible, but can be shared with the appropriate individuals as allowed in the Honor Council Procedures for the UMKC School of Pharmacy.

If you have additional questions or concerns, please contact the UMKC School of Pharmacy Office of the Associate Dean of Student Affairs.

I. Today's Date:

II. Date of Incident:

III. Individual/Department/Organization Filing Report:

- If filing on behalf of an organization or department, please identify the contact person representing the organization / department:

IV. Name of Student Being Reported:

- Please indicate from the following categories which is applicable to the student:

Pharmacy Student Prospective Pharmacy Student Graduate Student

V. Location of Incident or Behavior:

VI. The concerning behavior involved the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Agitation / Aggression | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Inappropriate Physical Contact | <input type="checkbox"/> Inappropriate Email or Text Message |
| <input type="checkbox"/> Sexual Innuendo | <input type="checkbox"/> Inappropriate Communication |
| <input type="checkbox"/> Verbally or Physically Threatening | <input type="checkbox"/> Disrespectful |
| <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Lack of Compliance |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Integrity |
| <input type="checkbox"/> Bizarre Behavior | <input type="checkbox"/> Violation of Confidentiality |
| <input type="checkbox"/> Disruptive in Classroom | <input type="checkbox"/> Impaired Function |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Intoxication |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Non-professional Attire |
| <input type="checkbox"/> Other (describe): | |

VII. Please provide a complete description of the incident in the space below. Please attach any additional documentation (emails, screen shots, etc.):

VIII. Additional witnesses present:

Yes No

If yes, please provide their names as they may be contacted for additional information:

Associate Dean for Student Affairs Action

Date Reviewed:

Action Taken:

Resolution: