

**BLOOMFIELD COLLEGE  
THE OFFICE OF STUDENT AFFAIRS  
STUDENTS OF CONCERN CARE TEAM**

**STUDENTS OF CONCERN REFERRAL**

Please use this form to submit student behavior concerns and/or to report an incident. If this situation requires immediate attention, please contact Campus Security at (973) 748-9000, ext. 1366

**Background Information**

Your full name: \_\_\_\_\_  
Your title/position: \_\_\_\_\_  
Your office/department: \_\_\_\_\_  
Your email address: \_\_\_\_\_

Date of Issue/Incident: \_\_\_\_\_ Time of Issue/Incident: \_\_\_\_\_

**Incident Location** (Please check all that apply)

- Academic/Classroom       Residence Halls       Campus/Office  
 Off Campus (please explain)

**Persons Involved** Please list the person(s) of concern or otherwise involved. Please include their BC ID number.

**Nature of Issue/Concern** Provide a detailed description of the issue/concern using specific/concise language and attach additional pages if necessary)

**On/Off Campus Security and Care Measures Taken** (Please check all that apply)

- Campus Security       Bloomfield Police Department       Referral to Personal Counseling  
 Paramedics       Hospital       Referral to Health Services

**Select Copy Recipients** (Please check all that apply -Other departments/individuals that should receive a copy of this report)

- Campus Safety       Personal Counseling       Health Services  
 Office of Student Affairs       Office of Disability Services  
 Office of Academic Affairs       Residential Education & Housing

List additional parties involved and/or witnesses not mentioned above regarding the issue/concern along with their contact information:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**FOR STUDENT AFFAIRS OFFICE USE ONLY**

**DATE RECEIVED:**

**STAFF INITIALS:**