Concerning Behavior Form

If this is an emergency contact 911 or GNTC Campus Police. If this is not an emergency please complete the form below.

Background Informatio	n:	
Your full name:	our full name: Title:/Position:	
Contact Information:		
Email Address:		
Phone Number: (_)	
Street Address:		
City:	State:	Zip Code:
Have you discussed the	specific behaviors with the individual(s).	YesNo
Have you attempted to resolve the issue in good faith?		YesNo
Please indicate which GN	NTC Campus/Center:	
Urgency of the report:	High Low	
Date of Incident:/_	/	
Time of Incident::	M	
List involved parties inclu	ding Student ID# if applicable	
•	ng Behavior. Please provide a detailed des vior using specific, concise, and objective s if applicable)	•
Your Signature	Date	a·