



Spokane Falls Community College BEHAVIORAL INTERVENTION TEAM REFERRAL REPORT

Write this report as completely and clearly as possible. You may be contacted by a member of the Behavioral Intervention Team for additional information or clarification.

*(required field)

*Name of Person Reporting _____ *Date of Report _____

*Phone _____ *E-mail _____

*Student Name: Last _____ *First _____ Student ID No. _____

*Date of Occurrence _____ Time of Occurrence _____ a.m. p.m.

Location of Occurrence (building number, room number, classroom, hallway, etc.)

Do you feel anyone is in danger due to this behavior? Yes No

If YES, please explain:

Description of the Observed Behavior (use specific, concise, and objective language):

Click the SUBMIT button to email this form to BIT@spokanefalls.edu. You may also print and FAX the form to (509) 533-3152. If you have any questions, please call (509) 533-3556.