

## FVCC BIT Referral Form

If you sense something that does not seem right, the FVCC BIT team asks that you say something to the FVCC BIT Coordinator at 406.756.3812, or do something by completing this form (as best as possible) and either email it to [bhanson@fvcc.edu](mailto:bhanson@fvcc.edu) or drop it off to the Dean of Students located in Blake Hall in Admissions/Registration.

Your Name:

Student Name:

Witness Name(s):

Classroom or Location of Incident:

Date and Time of Incident:

Have the police been contacted?

Please provide a narrative of the incident (what occurred, who was involved, specific statements, etc.).

Was there any physical contact? If so, please provide details.

Were you or other students threatened by the student? What was the nature of the threat?

Does the threat involve written statements or information from social networking sites?

Have you witnessed any other previous incidents involving this student? If so, when and what was the nature of the incident?

Have students voiced any concern about their safety or the safety of the student prior to or after the threatening incident?