

CONCERN FORM

Full Name: _____

Position Title (if applicable): _____

Home Address:

Street _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Nature of this report

- Odd or Eccentric Behavior
- Concerning Behavior
- Threatening Behavior
- Self-Injurious Concern
- Other, Please List

**Was a report filed with the
Police Department:**

- Yes
- No
- Unsure

Date of Incident: _____ **Time of Incident:** _____

Location of Incident: _____

Involved Parties:

Please list the individuals involved (excluding yourself)

Incident Description

Please provide a detailed description of the incident/concern using concise, objective language. If the incident occurred in the classroom or as part of a course, please list the course name. Provide as much detail as possible. (Use additional pages if needed).

Supporting Documentation

Please provide photos, videos, email, and other supporting documents.

* List here any supporting documentation you will be providing.

SUBMIT

Submit your completed Concern Form using one of the methods below:

Email: bart@centralgatech.edu

Fax: (478) 757-2574 ATTN: Dr. Craig B. Jackson

Mail: Central Georgia Technical College

ATTN: Dr. Craig B. Jackson

3300 Macon Tech Drive

Macon, GA 31206