

Behavioral Incident Reporting Form

By completing this form, you are providing information to the NCH Department of EMS Paramedic Program about a behavioral concern. The information will be reviewed during regular business hours and routed to the appropriate party.

If you have concerns or questions that need immediate attention, please email the Paramedic Program Director at cmattera@nch.org or page her at 708-999-0141. The information contained in this report may serve as the basis for a risk assessment and investigation.

If you have experienced sexual harassment or sexual violence, review the [Title IX/Sexual Misconduct Information](#) provided by Harper College to learn more about your options and resources, and to file a complaint.

If you are a faculty member or preceptor seeking to report an incident of academic dishonesty, please file an Academic Dishonesty Report (available on NWC EMSS System website under the Education tab/Paramedic program: www.nwcemss.org).

Background Information

Provide the following information to ensure that the NCH Paramedic Program can respond and follow up on this report. You may file an anonymous report, but please be advised that under those circumstances, there may be limits to our ability to adequately investigate and/or address the situation.

Your full name:

Your position/title/role:

Your phone number:

Your Email address:

Nature of this report:

Date of incident: *must be formatted MM-DD-YYYY*

Time of incident:

Hour Minute AM or PM

Date report filed: *must be formatted MM-DD-YYYY*

Person(s) Involved

Please provide any known contact information about the individual(s) involved in the incident. You may report a concern about any person - student, staff, faculty, preceptor, community member, etc. Please provide as much information as possible. If you do not know all of the details, just include what you do know. Please ensure that you have spelled names correctly. You do not need to include your name/information as the reporting party as you have already provided your information above.

Name [PRINT]: _____ Role: _____

Summary of Incident & Questions

Answer the following questions based on what you observed or what has been reported to you. Provide as much detailed information as you can about what happened.

What is the purpose of this report? (Check all that apply)

- I am concerned about a possible threat of violence and would like a threat assessment completed.
- I am concerned about someone or a class practice that detracts from learning, but not because of potential violence.
- I want to report a possible policy or practice violation to initiate an investigation.
- I am just reporting this so that the Program is aware of it - I am not requesting a formal investigation.

What happened? Describe the concern, incident, and/or behavior(s) that you observed.

What were the impacts of the behavior or incident? How were others affected? Describe any effects on the learning environment, damage to property, or disruption experienced.

Were there any attempts to intervene or confront the individual at the time or since? Why or why not? What attempts were made and how were they received by the individual?

Provide the names of any witnesses or other persons who might have information related to this incident

Is there anything else you would like to add?

By submitting this report, you are acknowledging that the information provided may be viewed by the appropriate Paramedic Program officials. The information will also be maintained in accordance with applicable record keeping practices. (This includes the Family Educational Rights and Privacy Act (FERPA), which means that if information contained in this report leads to a formal student conduct process, the student(s) whose behavior is in question has the right to review the relevant content.)

I understand.

Supporting/Related Documentation

Photos, video, email, and other supporting documents may be attached. *Maximum 12 megabytes per file*

Submit to: Connie J. Mattera (EMS Administrative Director and Paramedic Program Director) cmattera@nch.or
If incident involves the Program Director – submit to Matthew T. Jordan, Program Medical Director: mjordan@nch.org