**OSUCHS**

**Person of Concern Reporting Form**

**If you need to report an emergency, do not use this form. Instead, call the OSO Security Department at (918) 625-8532, or dial 911 if you are off campus..**

**Please provide detailed information regarding the incident you are reporting.**

Reporting Options:

* **General Incident report** for concerns or actions that are experienced or observed and present a danger to an individual or the OSU Center for Health Sciences community.
* **Wellness Support Team** for concerns or actions that are experienced or observed and are worrisome but do not present an immediate danger to self or others.

Once a report has been received, the Wellness Support Team will meet with the person(s) to address the reported concern or alleged misconduct. Please know that you and any witnesses you identify in the report may be contacted by a team member for further information. Actions taken as a result of this report may be protected by the federal privacy law FERPA (Family Education Rights and Privacy Act), and therefore, become confidential information and may not be shared with you without the direct written consent of the student(s) involved.

If you have any questions regarding filing a Person of Concern Report, please contact the wellnesssupportteam@okstate.edu.

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**Background Information**

If you wish to make an anonymous report of concerning or worrisome behavior, the report will be evaluated to determine what follow-up (if any) is necessary to address the concerns. Please consider providing your name and contact information to allow us to call or email if we have additional questions regarding your report.

Your full name:



Your title/role:



Your phone number:



Your email address:

Nature of this report (Required):

                                                                     

Urgency of this report:

                                

Date of incident(Required):



[Open Calendar](https://cm.maxient.com/reportingform.php?UnivofNorthTexasHSC&layout_id=1#date_of_incident)

Time of incident:



Location of incident(Required):

Please select a location ...

                                                                        

Specific location:



**Involved Parties**

Please list the individuals involved (excluding yourself) beginning with the person you are concerned about, followed by others who may have more information or who may have been involved, including as many of the listed fields as you can provide. If you do not have access to the requested demographic information, please continue to submit the report and that information will be researched once the Person of Concern Report is received.

Name or Organization

ID Number

Phone number

Email address

**Tell Us About Your Concerns**

Below are categories that correspond to the Wellness Support Team Please indicate the relevant sections that pertain to this incident report.

Please select the appropriate program(s) the person of concern is enrolled in or employed by.

College of Medicine

College of Graduate Studies

Faculty or Staff

Wellness Support Team concerns: Please check any behaviors below that have led you to be concerned about the individual involved. You can use the narrative box below to provide details and descriptions.

Depressed/Persistent sadness/Unexplained crying

Difficulty dealing with an event (family death, etc.)

Disruptive classroom behavior

Disturbed eating behaviors

Disturbing written materials or class discussion

Drug/Alcohol use

Excessive anxiety

Extreme mood swings

Financial concerns

General concern for a student

Homelessness

Inappropriate or concerning behavior

Inappropriate display of anger/negative emotions

Missing student (after multiple attempts to contact)

Obsessively suspicious/paranoid

Physical health concern

Relationship concerns

Self-harm (ideation or attempt)

Significant change in appearance or behavior

Threat to others

Student Code of Conduct concerns (Including Academic Dishonesty): Please select any behaviors below that pertain to this incident report. You can use the narrative box below to provide details and descriptions.





Physical or verbal abuse, threats, intimidation, harassment, or coercion





Violations of international, federal, state, or local laws

Other non-professional behavior

Please describe the behaviors that have prompted you to share your concerns. Please use specific, concise, and objective language and include as much detail as possible.

**Supporting Documentation**

Photos, video, email, and other supporting documents may be attached below. 1GB maximum total size.
**Attachments require time to upload, so please be patient after submitting this form.**

Choose files to upload

Choose Files

**One last step ...**

***Help us prevent spam reports****by completing this captcha.****NOTE:****If you do not see a gray box with a checkbox that says "I'm not a robot", please try a different web browser.*

Email me a copy of this report



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