Los Angeles Southwest College
Behavioral Intervention Team
Incident Referral Form

Your Name:		Today's date:	
Name of the person/s of concern:		Phone or cell number of person/s:	
If student, what is the students ID number (please provide if you have number):		Email Address of person/s (please provide if you have email):	
Location of incident:			
Date of Incident:		Time of incident:	
Brief description of your main concern?			
Course information if incident occurred during class:			
Names of possible witnesses:			
1.		4.	
2.		5.	
3.		6.	
Name of other college personnel who are involved and/or aware of the incident			
1.		4.	
2.		5.	
3.		6.	
Incident Description			

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Incident description (continued)
Remedial action taken (if any)