In the event that a student’s behavior, language, or actions may be cause for concern by a faculty member, staff member or a student, concerned individuals may document the student’s behavior as a Student Issue and send that document to an Ohio University-Chillicothe staff member for filing and assessment. Student Issues that may be cause for concern include but are not limited to: any violation of the Ohio University Student Code of Conduct, high risk behavior, conversations or behaviors that may indicate poor mental health, harmful personal situations, changes in behavior, possible substance use, or anything that may be considered extremely socially inappropriate. If a faculty, staff, or student observes behavior which may be considered a Student Issue, that faculty, staff, or student must document the issue using the OU-C Student Issue Documentation Form and return the completed form to the Coordinator of Student Activities, Ashlee Digges. To obtain a form you may contact the Coordinator or the Student Services Office.

Once the Coordinator receives the completed form, she will review the Student Issue documentation, assess the situation, and determine the appropriate response to the Issue. Possible outcomes may include meetings with the student, additional documentation or observations, and referrals to counseling or social service agencies. All Student Issues documents will be handled in a manner that preserves the welfare of all students, staff, and faculty. Student Issues documents will be filed appropriately for possible reference in the future.

If the student’s actions suggest violent behavior which may lead to any injury or harm to any individual, call 911 from the nearest phone.
Please complete the following information and return to Ashlee Digges, Coordinator of Student Activities

Date of Documentation: ________________________

Concerned Individual Information
Please complete all information

Name: ____________________________________________
Phone Number: _________________________________
E-mail: _________________________________________
Department: ____________________________________
Title: __________________________________________
Faculty _____ Staff_____ Student ____

Student Issue Information
Please complete all known information

Name: ____________________________________________
Student PID# : _________________________________
Phone Number: _________________________________
Address: _______________________________________
E-mail: _________________________________________

Date of Student Issue: ____________________________
Time of Student Issue: ____________________________

Witnesses:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Student Issue Description
Please describe the incident or cause for concern. Please be as detailed and as objective as possible and attach additional documentation (emails, copies of assignments, etc.), if available
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signature of Concerned Individual