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| logo2014a | **Behavioral Intervention Team (BIT) Report** |

     

Student’s Name (Last, First) SID (if available)

Your Name Your Department/Division

Your Email Your Phone

**Incident Information:**

Date Time Location

Please describe incident/concern:

Please describe action (if any) you have taken:

Please send the report to [Crystina Mai Mostad](mailto:crystina.mostad@seattlecolleges.edu).

Oct21