|  |  |
| --- | --- |
| 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.

Oct21