



Tobacco and Smoke-Free Violation Form

<i>INFRACTION</i>			
<i>Date</i>		<i>Time</i>	
<i>Location</i>			
DESCRIPTION OF VIOLATOR/INCIDENT (GIVE AS MUCH INFORMATION AS POSSIBLE INCLUDING VIOLATOR'S NAME, DESCRIPTION, LOCATION OF VIOLATION, ETC.):			
TYPE OF VIOLATOR (IF KNOWN):			
<input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Visitor/Guest <input type="checkbox"/> Contractor/Vendor <input type="checkbox"/> Unknown			
REPORTING PERSON'S INFORMATION			
Printed Name: _____ Signature: _____ Contact Information (email address, cell # or both): _____			
DISCIPLINARY ACTION TAKEN (OFFICE USE ONLY):			
<input type="checkbox"/> 1 st offense <input type="checkbox"/> 2 nd offense <input type="checkbox"/> 3 rd offense Comments (referred to supervisor, HR, Campus security, VCASA, etc.) _____ Signature of College Official handling complaint: Title: Date:			