



**BLESSING-RIEMAN**  
 College of Nursing & Health Sciences

**STUDENT CODE OF CONDUCT REPORT**

**DATE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**COURSE/CLINICAL/LOCATION:** \_\_\_\_\_ **FACULTY/STAFF:** \_\_\_\_\_

**Description of Events:**

**Standard or Policy Violated:**

**TO BE COMPLETED BY THE STUDENT SERVICES OFFICER:**

**CODE OF CONDUCT VIOLATION:**

**ACTION PLAN:**

<input type="checkbox"/>	System or human process issue
<input type="checkbox"/>	Human error
<input type="checkbox"/>	At-risk behavior
<input type="checkbox"/>	Reckless behavior

<input type="checkbox"/>	Coaching Date:
<input type="checkbox"/>	COC Hearing Date:

**OUTCOME:**

<input type="checkbox"/>	No further action/no fault found Date:
<input type="checkbox"/>	Final warning issued Date:
<input type="checkbox"/>	Dismissal from the program Date:
<input type="checkbox"/>	Other: Date:

**Student Comments:**

**Appeal requested (must be requested within 3 business days of the hearing outcome notification)**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Services Officer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submission:**

Submit to the Code of Conduct Team: [BRCNCOC@brcn.edu](mailto:BRCNCOC@brcn.edu)