

# Smoke-Free Campus Policy Violation Report Form



Person in Violation:     Student             Employee         Visitor

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

## Person Filing Report:

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

FACULTY:     Full Time             Adjunct             Dept.: \_\_\_\_\_  
STAFF:         Full Time             Part Time             Office: \_\_\_\_\_  
 ADMINISTRATOR             HEALTHY CAMPUS ADVOCATE  
 STUDENT                         OTHER: \_\_\_\_\_

## Contact Information for Person Filing Report:

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CELL

\_\_\_\_\_  
E-MAIL

## Date(s)/Time(s) of Violation:

\_\_\_\_\_  
DAY OF THE WEEK

\_\_\_\_\_  
TIME OF VIOLATION (AM/PM)

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
DAY

\_\_\_\_\_  
YEAR

Location of Violation: \_\_\_\_\_

Have you advised the person of this report?  Yes     NO

*(If no, please explain.)* \_\_\_\_\_

**Description of Violation:** Please provide a detailed description of the violation. Include the name of witnesses and their contact information, if available. Be specific; record behaviors, NOT assumptions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send your completed Violation Report Form to the  
**University Police, East Campus Complex.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PERSON FILING REPORT

\_\_\_\_\_  
SIGNATURE OF PERSON FILING REPORT

*Thank you for your active participation in supporting Salisbury University and SU's Smoke-Free Campus Policy.*