Smoke-Free Campus Policy
Violation Report Form

Salisbury UNIVERSITY

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.