Tacoma Community College
Academic Dishonesty Incident Report

Instructor: Meet with the student outside of class to administer sanctions. Complete this report and forward it to the Student Services Administration Office in Building 7.

Student Name:	**Student ID#:**
Instructor:	**Course/Section:**
Date of Incident:	
Brief Description of Incident:	
Evidence:	
Sanction Issued:	
Student Comments: **____(initial) I agree with the allegation and the sanction indicated above** **____(initial) I disagree with the allegation** **____(initial) I disagree with the sanction** **____(initial) I have been informed of the right to appeal, and I understand that if I disagree with any part of this decision, I have four (4) instructional days from the date I signed below in which to appeal**	

_____ _____
Instructor Signature (confirms that the meeting took place on this day) **Date**

_____ _____
Student Signature (confirms that the meeting took place on this day) **Date**

Appeal
Denied
Granted

_____ _____
Department Chair Signature **Date**

Appeal
Denied
Granted

_____ _____
Division Dean Signature **Date**

Additional documentation may be attached if desired

Entered in SMS:_____ By:_____
Date Initials