Policy on Smoking

VIOLATION REPORT FORM

Person in Violation: □ Employee □ Student □ Visitor

_______________________________________________________

FIRST NAME LAST NAME SUFFIX

Person Filing Report:

_________________________________________Signature

_________________________________________

FIRST NAME LAST NAME SUFFIX

FACULTY □ Full Time □ Adjunct Dept.:

STAFF □ Full Time □ Part-Time Dept.:______________________

□ ADMINISTRATOR Dept.:______________________

□ STUDENT

□ OTHER: _________________________

Contact Information for Person Filing Report:

PHONE CELL EMAIL

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

DAY OF THE WEEK TIME (AM/PM) MONTH DAY YEAR

Location of Violation: ____________________________________________

Have you advised the person of this report? □ Yes □ No

Description of Violation: Please provide a detailed description of the violation. Include the name of witnesses and their contact information. Be specific. Record behaviors.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please send your completed Violation Report Form to the UMES Department of Public Safety.

Thank you for your active participation in maintaining UMES as a Smoke-Free Campus.