



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
 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.