**Student Commitment to Professionalism and Wellness Reporting Form**

**IMPORTANT: If this is an emergency that involves an imminent risk of harm to self or others, please DO NOT SUBMIT A REPORT until after having first contacted 911.**

This reporting form is designed to communicate concerning or worrisome behavior that presents a possible threat to the safety or well-being of oneself or others (examples include suicidal ideation, self-harm, violence, or threats against others).   
  
Please complete this form as comprehensively as you are able, including all information that is known to you. If you have additional documentation (emails, screenshots, photographs, supplemental reports, etc.) to support this referral, **please include them with this form.**  
  
For assistance or consultation during business hours, please contact your advisor if it is a classroom concern, or your internship coordinator if the concern took place in the internship setting.

Please note that referrals are reviewed during normal business hours and are not monitored after hours, on weekends, or during official University holidays.

**Reporter Information**

Your full name (**Required**):

Your relationship with the student you are reporting  If other:

Your phone number:

Your email address:

Date of incident/report (**Required**) - If recurring, use the estimated date of first occurrence; if unknown, use today's date of report: (mm/dd/yyyy):

Date of report:

Time of incident:

Location – **Required**:  If other:

**Student(s) of Concern**

Provide the full (first and last) name of the student(s) of concern and any known contact information.

Full name or preferred name:

Loyola ID number (if known):

Email address, if known:

Add another party:

**Nature of Referral and Description**

Please select the nature of this referral. Select the most relevant item(s). (**Required**)

Additional or other:

Description:

Please provide a brief, concise narrative describing your concerns, using objective language. When submitting a behavioral referral, it is imperative that you identify an observed behavior. Knowing a student's disability, mental or medical diagnosis, history, etc. does not qualify as behavior. Please refrain from using medical or mental health diagnoses unless explicitly self-reported (by the student of concern). (**Required**)

Is the student aware that a referral is being submitted on their behalf? (**Required**)

I understand that this referral is not anonymous. (**Required**)

**Supporting Documentation**

Please include all relevant documentation (image, attachment, document, etc.) if applicable. The documentation should be submitted as attachments concurrently with this reporting form.

**Final checklist**:

Reporting form

Supporting documentation