

Any violations of the South Texas College Student Code of Conduct, NAH Program Standards, and/or Safe Practice Standards will result in disciplinary action. The sanctions taken will be dependent on the nature and severity of the incident and potential or real threat to client safety and well-being or risk for the Program, College, and the clinical affiliate agency.

**Student Information:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Jagnet E-mail Account: \_\_\_\_\_@stu.southtexascollege.edu

Program: \_\_\_\_\_ Date: \_\_\_\_\_

**Area of Concern:** ☐ STC Student Code of Conduct ☐ Academic Integrity  
☐ NAH Professional Behaviors ☐ Unsafe Practice ☐ Other

**Quote Specific STC Code of Conduct/NAH/Program Standard/s that was/were violated:**

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**Violation Information:**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Any Witness/es & Contact #: \_\_\_\_\_

Were there any witnesses to the incident: ☐ No ☐ Yes (If yes, please list names and contact #):

Any Witness Statements: ☐ Yes (please see attached page) ☐ No

**Program Faculty Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Office Tel #: \_\_\_\_\_

☐ See Student Performance Improvement Plan OR ☐ Recommended Action below:

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_ acknowledge the receipt of this disciplinary action form dated \_\_\_\_/\_\_\_\_/\_\_\_\_. My acknowledgement does not signify my agreement with its content. I understand that a copy of this form will be placed in my student file and that I have the right to initiate a written response within 2 working days from the date of this letter following the NAH Division chain of command. Failure to initiate a written response would mean my approval of the Student Performance Improvement Plan.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_