Northern Essex Community College

Care and Concern Form

Name of Student:_____ **Today's Date:**_____

Student ID #:_____ **Date of Incident:**_____

Location of Incident:_____ **Time of Incident:**_____

Name of Person Reporting:_____

Names of others involved:_____

Description of Behavior (please use concrete, observable and specific details and not judgments or opinions)

For Office Use Only

Response:

Please send all forms to:
Nita M. Lamborghini
Associate Dean of Student Life
Sport & Fitness Center, Room D105- Haverhill Campus
Email: nlamborghini@necc.mass.edu
Phone: 978-556-3818
Fax: 978-556-3115

In case of emergency call 911.