

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
ACADEMIC DISHONESTY/PROFESSIONAL MISCONDUCT REPORT

Instructions for use:

Faculty involved in incident:

1. Complete sections I-V and submit form to Program/Semester Coordinator
2. Immediately obtain signed, written statement from all involved parties (attach statement)

Dean/Designee completes section VI & VII following thorough investigation.

Student Name: _____ **Course:** _____

I. Type of Academic Dishonesty/Professional Misconduct (All That Apply):

- | | |
|--|---|
| <input type="checkbox"/> Cheating during examination | <input type="checkbox"/> Assisting in acts of dishonesty |
| <input type="checkbox"/> Fabrication/lying/misrepresentation | <input type="checkbox"/> Misrepresentation of the completion of clinical skills |
| <input type="checkbox"/> Plagiarism/copyright violations | <input type="checkbox"/> Falsification of documents |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Misuse/stealing of supplies/medications |
| <input type="checkbox"/> Failure to return exam/Scantron | <input type="checkbox"/> Illegal or unethical acts that endanger patient safety |
| <input type="checkbox"/> Copying/photocopying exam questions | <input type="checkbox"/> Excessive tardiness or absences |
| <input type="checkbox"/> Removal of exam from testing or review area | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Disruptive behavior | <input type="checkbox"/> Unauthorized Recording |
| <input type="checkbox"/> Act or threat of verbal or physical abuse to any person | <input type="checkbox"/> Violation of HIPAA security |
| | <input type="checkbox"/> Other: _____ |

II. Faculty summary of the incident (include date, time, place, and witnesses, if any):

III. Faculty summary of student explanation of the incident (admission of guilt, denial, comments): _____

IV. Faculty statements to student and action (serious nature of incident, potential outcome, direction to student): _____

Over →

V. Faculty recommendation for action: _____

Faculty Signature Date

Faculty Signature (if more than one) Date

Faculty Signature (if more than one) Date

Semester/Program Coordinator Signature Date

VI. Action taken by Dean/Designee or Program Coordinator (One):

- Academic failure on assignment
- Academic failure for the course
- Other _____
- Dismissal from program

Comments: _____

VII. Outcome: _____

Dean/Designee Signature Date

c: Program/Student File