



## Policy on Smoking VIOLATION REPORT FORM

Person in Violation:  Employee  Student  Visitor

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FIRST NAME

LAST NAME

SUFFIX

Person Filing Report:

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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:

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PHONE

CELL

EMAIL

Date(s)/Time(s) of Violation:

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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.

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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.