**Faculty Report Form**

It is necessary to complete this form to report any instance of suspected and/or resolved academic dishonesty. Make a copy for your records and forward the original, along with copies of all available supporting documentation, to the:

**Office of the Academic Integrity Officer**
The City College of New York

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Instructor Name: _________________________________  
Dept.: __________________________________________  
Tel. No: _____________________ Email: __________________  
Course: ___________________ Section: ________ Semester:_________  
Student Name: ________________________  
Student ID#:   _________________________  
Date of Incident: ________________________  
Type of Incident:  
Cheating ___________Plagiarism___________ Other___________  
Explanation of Incident:  
_________________________________________________________________  
_________________________________________________________________  
_________________________________________________________________  
Did the student admit to the charge of cheating, plagiarism or other act of academic dishonesty?  Yes ______ No ______  
Explanation:  
_________________________________________________________________  
_________________________________________________________________  
Explanation of recommended sanction:  
_________________________________________________________________  
Referral to the Academic Integrity Officer _____________  
Signature of Faculty Member _____________________  
Date: ____________________  

Resolution of the Case after Adjudication  
Academic Sanction ________________________________________  
Disciplinary Sanction _______________________________________  
Signature of Academic Integrity Officer ____________________________  
Date: ____________________