



**Geisel School of Medicine
Letter of Concern Form**

The goal of this reporting process is that it will create opportunities to educate students on appropriate behaviors expected of a physician, following an episode of some type of minor to moderate unprofessional behavior exhibited by a student and witnessed by a faculty/staff member.

Directions: If you witness student behavior that concerns you, you are encouraged to report the event using this form. If you are unsure if the behavior warrants the use of this form, please contact the [Chair of the Committee on Student Performance and Conduct \(CSPC\)](#) or the [Senior Associate Dean for Medical Education \(SADME\)](#) to discuss your questions and concerns.

After you have completed the form, you should meet with the student to discuss it and request that the student sign page 2 of the form and add any comments. If you do not feel comfortable meeting with the student, please contact the [Chair of the CSPC](#) or [SADME](#) for guidance.

Submit the completed form to the Geisel Registrar's Office (Geisel.Registrar@dartmouth.edu). Your form will be routed to the appropriate individuals who will determine next steps.

Student Name (type or print legibly)

Date Summary Written

Geisel Course or Clerkship (if applicable)

Name of Person Submitting Form (print)

Provide a brief summary of the event that caused concern (can be related to academics, personal matters, professionalism, etc.). Include the following in your summary:

- What the event was
- Where the event took place (physical location, telephone, electronic communication, etc.)
- When the event occurred (date or date range)

Attach additional information if needed.



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To be completed after meeting with the student.

Faculty/Staff Name (print)

Date Form Was Discussed Directly with Student

Faculty/Staff Signature

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To be completed by the student.

I have read this form and discussed it with the faculty/staff member. My signature indicates only that I have read the form and discussed it, and not necessarily my agreement with the contents of the form.

Student Signature

Date

Student Comments (optional):

