



POLICY

Category	Approval		
Series 1000: Students	Effective	Administration	Board
	2/22/10	12/4/09	2/22/10
	Revised		For Review
	6/25/18		2026

PROHIBITION OF CORPORAL PUNISHMENT

MTC 1043

The use of corporal punishment, defined as any act of physical force upon a student for the purpose of punishing that student, is not acceptable at Mitchell Technical College and will not be tolerated as a disciplinary measure. The term shall not apply, however, to the use of physical force that is reasonable and necessary for supervisory control over students. This would include, but is not limited to, the following situations:

1. For the purpose of self defense
2. To protect other persons from physical injury
3. To protect property of the school or of others
4. To remove a student if the student has refused to comply with requests to refrain from disruptive behaviors

In the event that physical force is used, the following reporting procedure will be followed:

1. The individual who has used physical force must file a written report using the MTC Accident/Incident form. Staff will file this report with the President. If the President has used physical force he or she will file the report with the Superintendent.
2. In cases where the student is under the age of 18, the parent/guardian will be notified in each case where physical force has been used.
3. The report shall relate all relevant details of the incident, including date, time and place, what action was taken, why the action was taken, and what measures, if any, had been taken to prevent the need for such actions.
4. The report will be kept on file and be made available to the student or to the parent/guardian (if the student is under the age of 18) upon request.
5. The student or the parent/guardian (if the student is under the age of 18) will be given an opportunity to confer with the instructor and the administrators involved in the incident to discuss the situation. The conference will take place at an agreed upon time.



Mitchell Technical College Accident/Incident Report Form

Use this form to report accidents, injuries, medical situations, or other incidents. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Vice President's Office.

INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT (use additional sheet if needed)			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature
Date Report Completed

FOR OFFICE USE ONLY

Report Received by _____

Date _____

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom