

Northeastern State University
Division of Student Affairs

Equ r nklpv'Hqt o "

NAME OF PERSON FILING REPORT:

BANNER ID N _____
(if applicable)

PHONE NUMBER:

E-MAIL ADDRESS:

By filing this report, I consent to the release of this report and any further information I provide relating to the investigation of the potential violation to the University and any University personnel who may be investigating the incident. This report may be viewed by the student(s) named below or any other individual(s) who may be involved in the investigation. However, I understand that my confidentiality will be protected, and my name and contact information will not be released unless I choose to do so. I understand that I may choose or be asked to serve as a witness during an investigation and/or a conduct conference.

*Note: Filing this report may or may not result in a conduct conference being initiated.

SIGNATURE: _____

DATE: _____

"

Kpelf gpv'F guet k vlqp"

DATE OF INCIDENT:

TIME OF INCIDENT:

PLACE OF INCIDENT (*BE SPECIFIC*):

NAME OF INDIVIDUAL(S) INVOLVED IN INCIDENT:

DESCRIBE THE INCIDENT. PROVIDE AS MANY DETAILS AS POSSIBLE:

DESIRED OUTCOMES:

"

Rev. 6.26.12

Division of Student Affairs 601 N. Grand Ave. Tahlequah, OK 74464 (P) 918.444.2120 (F) 918.458.2340 <http://www.nsuok.edu/studentaffairs>

"Hqt 'Qhleg'Wug'Qprl <' P q'Cevlqp'Vcngp'" " Eqpf wev'Tgxlgv " " Xleg'Rt guif gpv'qhUwv gpw' " Tghgt t crlaaaaaaaaaaaaaa"