

Northeastern State University
Division of Student Affairs

Complaint Form

NAME OF PERSON FILING REPORT: _____ BANNER ID _____
(print) (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: _____

Incident Description

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: _____

