



Hazing Prevention Complaint Form

Policy 5-408

Complainant

Complainant's Address

Complainant's email Address

Complainant's Telephone

Date Complaint is Submitted

Date of Incident

Has the problem been discussed with administration? Yes No Date:

Summary of the Complaint (description of incident or event, including date, place, time)

Witnesses

Complainant's Projected Solution/Resolution

I certify this complaint is correct and accurate to the best of my knowledge.

Signature of Complainant:

Date: