# Vape, Tobacco, and Alternative Nicotine Product

# Violation Complaint Form

Pursuant to Alabama Act 2025-403

## Alleged Student Information

**FULL NAME:** _____ **DATE OF BIRTH:** _____

**First Middle Last** **mm/dd/yyyy**

**GRADE LEVEL:** _____

**e.g. sophomore, junior, senior**

## Violation Information

**Date of Possible Violation:** _____ **Time:** _____

**Location:** _____

**Witness(es):** _____

_____

**Description of Possible Violation:**

_____

_____

_____

_____

## Procedure

After completing this complaint form the signor must forward the form to the principal, assistant principal, or school resource officer for investigation pursuant to local procedure. Please take all necessary steps to ensure that his form is forwarded expeditiously and without delay.

## Verification

I hereby affirm that my answers to the questions on this form, and any explanations and document that I have provided, are true and accurate to the best of my ability. I understand that any intentional falsification or dishonesty in my answers may be grounds for administrative action as provided by law.

_____ _____ _____

**Printed Name of Affiant** **Signature** **Date**