

CODE OF CONDUCT INVESTIGATION FORM

This form is to be used to state facts that should be investigated when a violation of the Code of Conduct is suspected.

Please complete this form, sign, date, and submit the completed form to the Associate Dean for Student Affairs who will conduct and complete an initial review to determine whether the facts alleged are factually sufficient to proceed as a formal complaint.

I. PERSON SUBMITTING STATEMENT OF FACTS:

Name: _____

Student

Faculty

Administrator/Other

Address: _____

Phone #: _____ Email: _____

II. PERSON AGAINST WHOM STATEMENT OF FACTS IS BEING MADE:

Name: _____

1L

2L

3L

III. DESCRIPTION OF RELEVANT FACTS:

Describe the specific conduct observed, including the date, time and place the incident occurred. List the names of any possible witnesses. Please provide as much detailed information as possible (Attach additional pages if needed).

Signature

Date

FOR OFFICIAL USE ONLY:

No further action to be taken _____

Proceed as formal complaint _____

Associate Dean: _____

Date: _____