

REPORT FORM FOR HAZING AND BULLYING

Complainant _____

Home address; work address; home phone; work phone _____

Date of alleged incident(s) _____

Name of person(s) you believe hazed or bullied you or another person:

If the alleged hazing or bullying was toward another person, identify that other person:

Describe the alleged incident as clearly as possible, including such things as what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any physical contact was involved. Attach additional pages as necessary.

When and where did the alleged incident occur? _____

List any witnesses who were present: _____

This complaint is based upon my honest belief that _____
has hazed or bullied me or another person. I hereby certify that the information I have
provided in this complaint is true, correct and complete to the best of my knowledge.

(Complainant's signature)

(Date)

(Received by)

(Date)