Hazing Complaint Form

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Address: |   | City: |   |  | State: |  | Zip: |  |
| Phone: |   | Email: |  |  |
| Date of Hazing Incident: |  |

|  |  |  |
| --- | --- | --- |
| Place of Hazing Incident:(please provide specifics) |   |  |
|  |  |
| Specific details of Hazing Incident |   |
|  |

List requested information below of those who committed the acts complained about:

|  |  |  |
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| Full Name:  |   |  |
| Address: |   | City: |   |  | State: |  | Zip: |  |
| Phone: |   | Email: |  |  |

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| --- | --- | --- |
| Full Name:  |   |  |
| Address: |   | City: |   |  | State: |  | Zip: |  |
| Phone: |   | Email: |  |  |

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Address: |   | City: |   |  | State: |  | Zip: |  |
| Phone: |   | Email: |  |  |

**Please use next page to supply additional information**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**