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:

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**