SOUTHERN REGIONAL TECHNICAL COLLEGE

Student Code of Conduct Complaint Form

Name: _____ _____ _____
Last First Middle Initial

_____ _____ _____
Student I.D. # Telephone # Major/Course of Study

Name(s) of student(s) involved:

_____ _____ _____ _____
Last First Last First

_____ _____ _____ _____
Last First Last First

Date of Incident: _____ **Time of Incident:** _____ **Location of Incident:** _____

Description of Incident: (Please include a detailed account of any alleged infractions, including any subsequent action you have taken in relation to this matter and your desired solution)

_____

_____

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_____

I (Print Name), _____, in accordance with the Student Code of Conduct, hereby certify that all information provided in this document is accurate to the best of my knowledge.

_____ _____
Signature Date

Internal Use Only: Initial_____ Date Received_____ *7/2015*