



## 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 it, and submit the completed form to the Associate Dean 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 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).