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# Hazing Complaint Form

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Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Hazing Incident \_\_\_\_\_

Place of Hazing Incident (please provide specifics) \_\_\_\_\_

Specific details of the Hazing Incident \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Please use back of form to supply additional information**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

