

Report to Honor Code Council Intervention Sub-Committee

	1. ACCUSED:	4	4. DATE OF OCCURRENCE:
	2. REPORTER (may remain anonymous, howe appreciate your name for follow-up):	ever we	5. DATE OF DISCOVERY:
	3. NATURE OF COMPLAINT:	•	6. DATE OF SUBMISSION:
7. De	escription of Complaint:		
8. A	dditional Information Attached (if applicable):		
	information represents a truthful and accurate representation and agree to abide by my rights and obligation		•
9. H	gnature of Reporter (may remain anonymous, see ow to turn in form: Completed reports should be tu I upon within 3-5 school days of receipt.	ŕ	Date dent Affairs. Reports will be
	FOR OFFICE USE ONLY: 10. RECEIVED BY:		11. DATE RECEIVED:
	TOTAL COLUMN TO THE COLUMN TO		/ /
	12. Reporter:	3. CASE NUMBE	ER: