Report to Honor Code Council Intervention Sub-Committee

1. ACCUSED: 4. DATE OF OCCURRENCE:

2. REPORTER (may remain anonymous, however we appreciate your name for follow-up): 5. DATE OF DISCOVERY:

3. NATURE OF COMPLAINT: 6. DATE OF SUBMISSION:

7. Description of Complaint:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

8. Additional Information Attached (if applicable):

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

This information represents a truthful and accurate representation to the best of my knowledge. I understand and agree to abide by my rights and obligations as a reporter.

9. Signature of Reporter (may remain anonymous, see above)  Date

9. How to turn in form: Completed reports should be turned in to Jana Schellinger in the Library, or Mallory Wilson in Student Services. Reports will be acted upon within 3-5 school days of receipt.

FOR OFFICE USE ONLY:

10. RECEIVED BY: 11. DATE RECEIVED: / / 

12. Reporter: 13. CASE NUMBER: