

**Hazing Complaint Form** (will be kept confidential)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

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

Specific details of the Alleged Hazing Incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

UPON COMPLETION OF THIS FORM, FORWARD IMMEDIATELY TO THE REGIONAL DIRECTOR