

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