

## STUDENT CODE OF CONDUCT INCIDENT COMPLAINT FORM

Division of Student Affairs  
Florida Atlantic University

Person Filing Complaint:

Name:	Address:
Phone:	_____ Student: _____ Staff
Email:	_____ Faculty _____ Other: _____

Incident Date:	Incident Location:
Incident Time:	Incident Type:
Party/Parties against whom complaint is brought:	Names and contact information of witnesses (if known):

Describe the incident below (If necessary, attach another piece of paper):

[illegible]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO appropriate campus:

Office of Student Conduct - Boca Raton  
Student Services Bldg. (SSB) 226

Associate Dean of Students – Broward – Davie Campus – LA 109  
Associate Dean of Student – Jupiter – Jupiter Campus – SR 119  
Assistant Dean of Students – Treasure Coast – CO 129