

STUDENT DISCIPLINARY INCIDENT COMPLAINT FORM

Dean of Student Affairs
Florida Atlantic University

Person Filing Complaint:

Name:	Address:
Phone:	_____ Student: _____ Staff _____ 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):

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Signature: _____ Date: _____

Please Return To:
The Dean of Student Affairs Office
Student Services Building (SSB #8), Room 226
Florida Atlantic University
777 Glades Road, Boca Raton, FL 33431-0991