

Hazing Incident Report Form



Date of Incident: _____

Time of Day: _____

On-Campus or Off-Campus (Please Include Location/Address): On-Campus Off-Campus

Accused (Organization and/or individual student(s)):

Complainant(s):

Has a Police Report Been Filed? Yes No

If YES, Case #: _____

Statement of Incident (Please use additional sheets if necessary):

I understand that if I intentionally provide any false or misleading information on this form, I may be subject to sanctions under the Morehouse College Student Code of Conduct.

Signature of Person Making Statement

Date

Print Name of Person Making Statement