GENERAL COMPLAINT

To be filed within 21 days of the date of incident

MARSHALL UNIVERSITY OFFICE OF STUDENT CONDUCT

Student Affairs, 2W38 Memorial Student Center Phone: 304-696-2495 FAX: 304-696-4347 Please Print or Type

In the space below write the name (and address, if possible) of the student you wish to register the complaint against:

DESCRIBE YOUR COMPLAINT (Be specific: include dates, times, locations and names of witnesses, etc. Use back or additional sheet if necessary):

IMPORTANT!! WHEN YOU SUBMIT THIS FORM TO THE OFFICE OF STUDENT CONDUCT, MAKE AN APPOINTMENT TO MEET WITH THE DIRECTOR OF STUDENT CONDUCT TO DISCUSS THE COMPLAINT AND RECEIVE ASSISTANCE IN UNDERSTANDING YOUR RIGHTS WITHIN THE CAMPUS CONDUCT SYSTEM.

By filing this complainant, you certify your understanding that:

- 1. Students who witness violations of the Code of Student Rights and Responsibilities are expected to cooperate with the student conduct process. (Refer to the *Student Handbook* for more information.)
- 2. An accused student has the right to know the identity of and to cross-examine people who testify against him/her. By signing this form you give Marshall University permission to include your name in the accused student's records.
- 3. Student conduct records are subject to complex regulations for confidentiality; your rights to information about the case may be limited. Victims of sexual assault and/or other forms of violence will be notified of the outcome.
- 4. This is not a criminal complaint. However, criminal violations will be reported to the police. If you are the victim of/witness to a crime you should file a complaint with the appropriate law enforcement agency.
- 5. You are expected to meet with the Director of Student Conduct to discuss this complaint.

YOUR NAME		
YOUR LOCAL OR CAMPUS ADDRESS (include city, state and zip code):		
Phone:()	E-mail	
YOUR SIGNATURE	D.	ATE

Revised February 2012