

OFFICE USE ONLY

Date Rec: _____

Case #: _____

Violations: _____

Incident Report Form

GENERAL INFORMATION	<i>Please complete this form to report a complaint against a UIC student for violations of the University Standards of Conduct: The completed form should be returned to the Office of the Dean of Students, 1200 West Harrison, M/C 318, Suite 3030 Student Services Building, Chicago Illinois 60607.</i>
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STUDENT INFORMATION	Name _____ Phone _____ Address _____ E-Mail _____ UIN _____
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INCIDENT DETAILS	Date _____ Time _____ Location _____
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DESCRIPTION OF INCIDENT	<i>Provide a detailed narrative of the incident including the chronological order of events, staff/faculty involvement and action taken. Attach additional pages as needed.</i>
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SUPPORTING DOCUMENTS	<i>Attach supporting documents if applicable (emails, photos, written materials, etc.) All supporting documents will be disclosed to the student.</i>
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WITNESS INFORMATION	<table border="0"> <tr> <td style="width: 30%;">Name</td> <td style="width: 30%;">Phone</td> <td style="width: 40%;">Email</td> </tr> <tr> <td>#1 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#2 _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name	Phone	Email	#1 _____	_____	_____	#2 _____	_____	_____
Name	Phone	Email								
#1 _____	_____	_____								
#2 _____	_____	_____								

COMPLAINANT INFORMATION	Name _____ C Phone _____ C Address _____ E-Mail _____ UIN _____ Signature _____ / _____ Date _____
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CO-COMPLAINANT INFORMATION (IF NECESSARY)	Name _____ C Phone _____ C Address _____ E-Mail _____ UIN _____ Signature _____ / _____ Date _____
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