

Hazing Complaint Form

The details provided on this form will be kept confidential. Please attach additional pages as necessary to provide accurate and complete information about the incident.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Email address: _____

Please provide the specific date and location(s) of alleged hazing incident:

Specific details about the alleged hazing incident:

Please provide the following information for ANYONE who WITNESSED the acts complained about:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Email address: _____

Please provide the following information for ANYONE who allegedly COMMITTED the acts complained about:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Email address: _____

Electronically send this form to the Regional Director upon completion of this form. If you are in possession of emails, texts, pictures, videos, audio, social media, and/or any other proof of the hazing event, include that evidence with your submission.

Signature: _____

Date: _____

