



**CONFIDENTIAL**  
**Faculty/Staff Violation Report Form**

This form is to be filled out by a faculty member/ instructor when a student has accepted responsibility for a violation of the Honor Code and the faculty member/ instructor has dealt with the situation through academic means. (The Honor Code Council has final discretion on non-academic sanctions based on the student's record and the seriousness of the violation.)

*Faculty Member/ Instructor Filing Report:*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Dept: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Is email a good way to get in contact with you? Y  N

*Accused Student(s)\*:*

|                  |                  |
|------------------|------------------|
| Name: _____      | Name: _____      |
| Student #: _____ | Student #: _____ |
| Address: _____   | Address: _____   |
| _____            | _____            |
| Phone: _____     | Phone: _____     |
| Email: _____     | Email: _____     |

\*Please provide all known information, use more than one form if necessary.

Date of Incident: \_\_\_\_\_ Approx. Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Course in which incident took place: \_\_\_\_\_

Describe Incident: (please include all relevant information and use additional paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Student's Signature (Signing this form indicates that  
you accept responsibility for violation the Honor Code.)