University of Colorado at Boulder
Honor Code

CONFIDENTIAL
Student Accusation/Referral Form

This form is to be filled out by a student who suspects another student of having violated the Honor Code.

Student Filing Charges:

Name: _____ Witness(es): _____
Address: _____ _____
_____ _____
Phone _____

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

Accused Student(s):*

Name:	_____	Name:	_____
Student ID:	_____	Student ID:	_____
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)

_____

_____

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Return Completed Form to: Honor Code Office, 207 UCB, 1B71A University Memorial Center