



**Academic Misconduct Report Form**

Email completed form and other  
evidence to:  
[stacy.wilkinson@dickinsonstate.edu](mailto:stacy.wilkinson@dickinsonstate.edu)

Name (complainant)		EMPL ID	
Email Address			
Phone Number			
Address			

**Name & DSU ID Number** of individual (respondent) or individuals (respondents) against whom complaint is lodged:

Course number, section, and semester.

What misconduct is being charged?

What facts are charges based upon? (What evidence supports the complaint? How may this be verified?)

Additional Faculty Comments or Recommendations

**By signing this form, I certify that the above information is true and correct.**

Signature		Date	
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