



Online Academic Misconduct Report Form

Return forms to Academic Affairs, May Hall 119
or via email to: sharon.harris@dickinsonstate.edu

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|-----------------------|--|---------|--|
| Name (complainant) | | EMPL ID | |
| Email Address | | | |
| Phone Number | | | |
| Address | | | |

Name of individual (respondent) or individuals (respondents) against whom complaint is lodged:

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What misconduct is being charged?

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

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Witnesses?

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

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|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|