

INDIANA UNIVERSITY KOKOMO
Personal Misconduct Reporting Form

Send all information to Dr. Jack Tharp, Dean of Students, Kelley Student Center room 234. Retain a copy of everything you send.

Date of Report: _____

Name of Student: _____ **University ID # (optional):** _____

Date of Incident: _____ **Time of Incident:** _____ am / pm

Location of Incident: (Street, Building) _____

Or (Dept., Course Number, Section) _____

Type of Incident *

____ Abuse (Physical, Verbal) ____ Alcohol or Drugs ____ Arson ____ Computer Misuse ____ Disorderly Conduct

____ Failure to Comply ____ Forgery or False Info. ____ Harassment ____ Lewd or Indecent ____ Violation of regulations

____ Sexual Assault/Rape ____ Weapons or Explosives ____ Theft ____ Unauthorized Use ____ Destruction of property

*See Part III. Section B. of the *Code of Student Rights, Responsibilities, and Conduct*

Summary of Incident: (Please attach a detailed summary of the incident).

Witnesses to the Incident: 1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Reported by (print your name): _____

Signature: _____

Your Department: _____ **Your Campus Address:** _____

Your Campus Phone: _____

The *Code of Student Rights, Responsibilities, and Conduct*, August 15, 1997 edition, may be obtained by contacting the Office of the Dean of Students, Kelley Student Center room 234, (765)455-9214. Or obtain a copy from the web at <http://www.dsa.indiana.edu/Code/index.html>.