



BOISE STATE UNIVERSITY
OFFICE OF THE DEAN OF STUDENTS

Student Conduct Report Form

Report Instructions:

Please fill out this form as thoroughly as possible and attach a typed description of the incident in question that you believe may be a violation of the Student Code of Conduct. Include all relevant information such as names, dates, time, places, witnesses, evidence, etc. Be as thorough as possible. Please refer to Section 5: Non-Academic Misconduct Complaints and Procedures in the [Student Code of Conduct](#) for a full description of your rights and responsibilities on the conduct process or visit with the Associate Dean of Students if you have any questions. If you would like to discuss the incident before filing this form, you may call (208) 426-1527 and schedule an appointment with the Associate Dean of Students responsible for non-academic misconduct.

Complainant(s) (the person(s) filing a complaint against a Boise State student):

Complainant Name: _____ Student ID # (if applicable): _____

Contact Information: _____

Co-Complainant Name: _____ Student ID # (if applicable): _____

Contact Information: _____

Respondent(s) (list the student(s) who may have violated the Student Code of Conduct):

Respondent Name: _____ Student ID # (if known): _____

If there are additional respondents to the alleged violation, please provide all their applicable information in your statement.

Date of Incident: _____ Incident Location: _____

As the Complainant (and/or Co-Complainant), I verify that the information contained within this Conduct Report Form is true and accurate to the best of my knowledge. I understand that the information provided, including my name, may be released to the Respondent as part of the student conduct process and that a conduct hearing may occur to address the allegations that have been made. I further understand that the determination of whether or not the Student Code of Conduct has been violated and the specific violations reside with the University via the student conduct process.

Complainant Signature: _____ **Date:** _____

Co-Complainant Signature: _____ **Date:** _____

SEND ALL ORIGINAL DOCUMENTS including all materials pertinent to this incident to:

**Office of the Dean of Students
Boise State University
Norco Building, Suite 116
1910 University Dr.
Boise ID 83725-1370
(208) 426-1527**