

California State University, East Bay
Student Conduct, Rights & Responsibilities

REPORT OF SUSPECTED VIOLATION OF STUDENT CODE OF CONDUCT

Please print legibly

Student who is believed to have committed a violation:

Name: _____

SID: _____

(Please complete a separate report for each student involved.)

Name of person making this referral: _____

Dept/Campus address: _____

Phone: _____ Email: _____

Please describe the circumstances of the suspected violation (date of incident, location, facts leading to suspicion of violation, names of witnesses, etc.) If more space is required, attach additional sheets.

Did you/others file a report with University Police Department? Yes No

Other University offices to which this information has been reported: _____

To the best of my knowledge, the above information is true and correct.

Signature _____ Date: _____

Please submit this report in person to Student Conduct, Rights & Responsibilities, Student Services and Administration Building, Room 1111 OR via FAX to (510) 885-4781.

Forms and documents are available at <http://www.csueastbay.edu/studentconduct>
If you have questions, please contact at (510) 885-3763.