



MISCONDUCT REPORT FORM

Return forms to May Hall Room 207
or via email to: dsu.saem@dickinsonstate.edu

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.

Signature		Date	
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