DICKINSON® STATE UNIVERSITY

Academic Misconduct Report Form

Email completed form and other Evidence to:
stacy.wilkinson@dickinsonstate.edu

Name (complainant)		EMPL ID	
Email Address			
Phone Number			
Address			

Name & DSU ID Number of individual (respondent) or individuals (respondents) against whom complaint is lodged:

Course number, section, and semester.

What misconduct is being charged?

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

Additional Faculty Comments or Recommendations

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

Signature		Date	