

# OFFICE OF THE DEAN OF STUDENTS



## Code of Conduct Referral

Please print all information

Today's Date: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Complainant making allegation: \_\_\_\_\_  
Last Name First Name M.I. Nickname

Current Address: \_\_\_\_\_  
Street Address Apt. #  
City State Zip ( ) Phone# ( ) Cell #

Permanent Address: \_\_\_\_\_  
Street Address Apt. #  
City State Zip

Preferred Email: \_\_\_\_\_

Preferred Method of Contact: Cell Phone  Home Phone  Email  Mail

Student being accused: \_\_\_\_\_ Accused student's student I.D. #: \_\_\_\_\_

If known, Code violation number: \_\_\_\_\_ Description: \_\_\_\_\_

Code violation number: \_\_\_\_\_ Description: \_\_\_\_\_

JJC Police Case Number: \_\_\_\_\_

When did the event/action take place? \_\_\_\_\_

Where did the event/action take place? \_\_\_\_\_  
Building/room number

What happened? (Please continue on the back or attach other pages, if necessary.)

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If there were witnesses, please print each person's name and contact information:

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\_\_\_\_\_  
Signature of Complainant