

This form will allow you to submit a report of alleged violations by student clubs and organizations at California State University, Northridge. A Student Club & Organization Complaint Report form shall be submitted to or prepared by MIC staff detailing as much information as possible regarding the incident or concerning behavior. Please refer to the Student Clubs and Organizations Compliant Review Process.

<b>COMPLAINANT INFORMATION</b>	
<b>Name:</b>	<b>Email:</b>
<input type="text"/>	<input type="text"/>
<b>Phone Number:</b> (day) <input type="text"/>	(evening) <input type="text"/>
<b>Address/Department:</b> <input type="text"/>	
<b>Status:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Community <input type="checkbox"/> Other	

<b>DESCRIPTION OF INCIDENT OR CONCERNING BEHAVIOR (Attach a written report or type - 300 words maximum. Include the date, time, location, name of event, individuals involved, specific policy believed to be violated, witnesses and any damages)</b>		
<input type="text"/>		
<b>Date of Incident:</b>	<b>Time of Incident:</b>	<b>Location of Incident:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>TYPE OF INCIDENT (select all that apply)</b>		
<input type="checkbox"/> Hazing	<input type="checkbox"/> Alcohol Violation	<input type="checkbox"/> Violation of Organization Constitution or By Laws
<input type="checkbox"/> Theft	<input type="checkbox"/> Destruction of Property	<input type="checkbox"/> Violation of Code of Ethics
<input type="checkbox"/> Fighting	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Violation of University Policy
<input type="checkbox"/> Harassment	<input type="checkbox"/> Other (please specify):	<input type="text"/>

<b>INCIDENT INFORMATION</b>	
Was alcohol involved in this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Was anyone hurt or injured during this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Were the police involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If so, what was the report number?	<input type="text"/>

<b>Official Use Only</b>	
<b>Date Report Received</b>	<b>Signature</b>
<input type="text"/>	<input type="text"/>