CONFIDENTIAL

REPORT OF SUSPECTED ON-CAMPUS SOCIAL MISCONDUCT BY UC DAVIS STUDENT

Date: ______________________

Name(s) and student ID number(s) of student(s) believed to have committed a violation:

________________________________________   ______________________________________

________________________________________   ______________________________________

Referring Party(ies):

Name: __________________________   Name: __________________________

Dept./Address: __________________________   Dept./Address: __________________________

Phone(s): __________________________   Phone(s): __________________________

E-mail address: __________________________   E-mail address: __________________________

Description of circumstances of suspected violation (e.g., date of incident, location, facts leading to suspicion of violation, name(s) of witness(es). If more space is needed, please attach additional sheets.

________________________________________________________________________

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Did incident involve alcohol?  Yes / No  If yes, please answer the following:
1) Under 21 and drinking/possessing alcohol?  yes / no
2) Furnishing alcohol to minors or intoxicated persons?  yes / no
3) Did police make arrests?  yes / no  Names of students arrested: ______________________
4) Any injuries or emergency related to alcohol?  yes / no

FAX report to:  754-6195

Student Judicial Affairs

3200 Dutton Hall

or e-mail: sja@ucdavis.edu

If you have questions, please contact a Student Judicial Affairs staff member at 752-1128.