

CONFIDENTIAL

This form is required under the Campus Procedures for Enforcement of the Faculty Code of Conduct
(Effective May 6, 2014)

COMPLAINANT'S INFORMATION

Name:

Email:

Phone:

University affiliation (check all that apply): Faculty Staff Student

Department/Program/Unit (if applicable):

ACCUSED FACULTY MEMBER'S INFORMATION

Name:

Department/Program/Unit:

In the following fields, describe how the Faculty Code of Conduct ([APM-015](#)) may have been violated

1. Include a full statement of the facts that allegedly constitute a violation of the University Faculty Code of Conduct
2. Identify the relevant section(s) of the Faculty Code of Conduct ([APM-015](#))

Complainant’s signature

Date

Recipient’s signature and title

Date

Academic Senate Charges Officer

Date