

GENERAL COMPLAINT

To be filed within 21 days of the date of incident

MARSHALL UNIVERSITY OFFICE OF JUDICIAL AFFAIRS

Student Affairs, 2W38 Memorial Student Center Phone: 304-696-2495 FAX: 304-696-4347

Please Print or Type

In the space below write the name (and address, if possible) of the student you wish to register the complaint against:

DESCRIBE YOUR COMPLAINT (Be specific: include dates, times, locations and names of witnesses, etc. Use back or additional sheet if necessary):

IMPORTANT!! WHEN YOU SUBMIT THIS FORM TO THE OFFICE OF JUDICIAL AFFAIRS, MAKE AN APPOINTMENT TO MEET WITH THE JUDICIAL DIRECTOR TO DISCUSS THE COMPLAINT AND RECEIVE ASSISTANCE IN UNDERSTANDING YOUR RIGHTS WITHIN THE CAMPUS JUDICIAL SYSTEM.

By filing this complainant, you certify your understanding that:

1. Students who witness violations of the Code of Student Rights and Responsibilities are expected to cooperate with the student judicial process. (Refer to the *Student Handbook* for more information.)
2. An accused student has the right to know the identity of and to cross-examine people who testify against him/her. By signing this form you give Marshall University permission to include your name in the accused student's records.
3. Student judicial records are subject to complex regulations for confidentiality; your rights to information about the case may be limited. Victims of sexual assault and/or other forms of violence will be notified of the outcome.
4. This is not a criminal complaint. However, criminal violations will be reported to the police. If you are the victim of/witness to a crime you should file a complaint with the appropriate law enforcement agency.
5. You are expected to meet with the Director of Judicial Programs to discuss this complaint.

YOUR NAME _____

YOUR LOCAL OR CAMPUS ADDRESS (include city, state and zip code): _____

Phone:(____)_____ E-mail _____

YOUR SIGNATURE _____ **DATE** _____

