YOUNGSTOWN STATE UNIVERSITY
OFFICE OF STUDENT LIFE
Student Conduct

REPORT OF STUDENT MISCONDUCT

Reported By _____ Title/Position _____

Date of Report _____ Incident Location _____

Date of Incident _____ Time of Incident _____

Student(s) Involved	Student ID Number	Address	Telephone

Factual Description of Incident (use additional pages if necessary)

Witness(es) To Incident	Social Security Number	Address	Telephone	Student
				YES/NO
				YES/NO
				YES/NO

Attach Supporting Documents if Necessary (e.g., Police Reports, Department Information, Witness Statements)

Signature _____ Date _____

Submit this Form As Soon As Possible Following The Incident To:
Office of Student Life
Kilcawley Center, Youngstown State University, Youngstown, OH 44555 (330) 941-7285