

Signature of complainant



Office of Judicial Affairs CAMB 311 Phone: 716-878-3051 Fax: 716-878-3006

## **COMPLAINANT FORM**

Complainant(s):				
Address:				
Telephone:	Email:		n: Student Faculty/Staff Other	
Accused student 1:		Accused student 3:		
Address: Email: Email:		Telephone:	Email:	
Accuracy student 2:		Acquired student 4	<u> </u>	
Address: Email:		Telephone:	Email:	
Witness (es) to Incident:				
Name:	Address:		Email:	
Name:	Address:	Telephone:	Email:	
Name:			Email: Email:	
name.	Address	releptione.	Littati,	
OFFICE OF JUDICIAL AFFAIRS	USE ONLY			
Violation(s)				
Received by: Date R		Date Received:	Staff Initials:	
Date(s) of incident(s):	Ç	omplainant Location(s)		
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*Please attach supporting docu attached documents must be significant			eceipts, text messages, emails, etc.). All	
I, the undersigned, agree that t	he above facts regarding	this incident are accurate and t	rue to the best of my knowledge.	

Date\_