STUDENT CODE OF CONDUCT COMPLAINT FORM



Student Code of Conduct violations may be reported by anyone. Please return the completed form to Cathy Johnson, Executive Director of Conduct, Appeals & Compliance; A-136, 80 Cohen Walker Drive, Warner Robins, GA 31088; Phone: (478) 218-3309; Fax: (478) 471-5197; Email: cajohnson@centralgatech.edu. You will be contacted within 5 business days after receipt of this form.

Internal	Use	Only

Date	Received:
Date	Resolved:

Initial: Initial:

Student Code of Conduct Violat	ed By:	
Name:	Telephone:	Student ID:
Date of Incident:	Location of Incident:	
Other Student (s) Involved:		
Name:	Telephone:	Student ID:
Name:	Telephone:	Student ID:
Witness (es):	Telephone:	
Witness (es):	Telephoi	ne:

Previous Attempt: Please include all previous attempts you have taken to resolve this issue in good faith.

How would you like to see this issue resolved?

Report Submitted By:

Name:

Telephone: