



**Student Conduct Code
Violation Referral Form***

**Name of Accused Student(s)/
Student Organization(s):** _____

Date of Misconduct: _____

Location of Misconduct: _____

Description of Alleged Misconduct: _____

Name of Complainant: _____

Complainant Phone Number: _____

Complainant Address: _____

Complainant Signature

Date of Referral

Mail Completed Violation Referral Form to:

*Citizenship and Community Standards
Dean of Student Affairs Office
Truman State University,
Kirk Building 112
100 E. Normal
Kirksville, MO 63501-4221*

*Faculty reporting academic dishonesty should use the Academic Dishonesty Report Form available in their Division Office.