

**SOUTHEASTERN
LOUISIANA UNIVERSITY**

Office of Student Conduct (OSC)

CLASSROOM MISCONDUCT COMPLAINT FORM

(COMPLAINTS OF ALLEGED STUDENT CODE OF CONDUCT VIOLATIONS WHICH OCCUR WITHIN THE ACADEMIC AREAS)

THIS FORM IS TO BE USED FOR **NON-ACADEMIC INTEGRITY VIOLATIONS ONLY**. FOR ACADEMIC INTEGRITY VIOLATIONS, PLEASE USE THE ACADEMIC DISHONESTY COMPLAINT FORM AND REFER TO THE *ACADEMIC INTEGRITY POLICY* IN THE UNIVERSITY CATALOGUE. FOR NON-ACADEMIC (MISCONDUCT) VIOLATIONS, PLEASE REFER TO THE *STUDENT CODE OF CONDUCT* AT:

http://www.selu.edu/admin/stu_affairs/handbook

Send completed form to the Office of Student Conduct, Faculty Box 10390, Student Union, Room 205. Call 985-549-2213

COMPLAINT INFORMATION

Instructor's Name _____ Phone # _____ Email _____

Department _____ Student's Name _____ W # _____

Provide a brief description of the violation (Please include the date, time, and location of incident, the names and contact information of any witnesses, and attach any supporting documentation/evidence.):

(Use reverse side if necessary)

Resolution desired:

Instructor's Signature _____

Date _____

FOR OSC USE

Date complaint received by OSC _____

Date OSC notified faculty-complainant of receipt of complaint _____

_____ Case resolved by mutual agreement (Administrative Agreement) Date _____

_____ Case resolved by Student Conduct Hearing Board Date _____

Resolution:

_____ Student permitted to return to class

_____ Student NOT permitted to return to class

Date OSC notified faculty-complainant of resolution _____

Conduct Officer/ Case Manager _____