KSU Dept. of Student Conduct and Academic Integrity (SCAI)
Formerly Office of Judiciary Programs

Student General Misconduct Incident Report

Please print this form and return it to the SCAI Dept. Mail drop #3801

Do not use this form if the incident took place in university housing, even if the students involved are not residential students. Please contact the appropriate CRL and have him/her use departmental software instead.

Faculty/Accuser Name: ____________________________ Date: __________________

Department______________________________ Phone: __________________

Student (s) Involved in the Misconduct:

Name:____________________________ KSU ID#: __________________

Name:____________________________ KSU ID#: __________________

Misconduct Occurred:
Date of Incident: __________________________ Time of Incident: __________

Location of Incident: ___________________________________________________________

Others Involved in Incident: __________________________________________________

Code of Conduct regulation(s) allegedly violated: __________________________________

Explanation of Incident: (Attach additional pages, if needed)

This statement is a true and accurate representation of the facts of the incident.

Signature ____________________________ Date: __________________

For SCAI Use Only

Received:________________________________________ File Number: __________