



Department of Student Life & Engagement
Student Organization Referral Form

Name of Student Organization Being Referred: _____

Name of President (if known): _____

Advisor (if known): _____

President's Telephone # and/or E-mail (if known): _____

Date & Time of Incident: _____

Location of Incident: _____

Explanation of Incident: [Large empty box for text entry]

Continue on back or attach additional sheet if necessary.

Complainant Name: _____ Student Number: _____

Address: _____

Telephone: _____ Email: _____

List relevant witness: _____

I, _____ request a referral of the incident to the USFSP Department of Student Life & Engagement for purpose of further investigation to determine whether or not a violation of the Standards for Student Organization Conduct has occurred.

Signature: _____ Date: _____