



Indiana University of Pennsylvania

Office of Student Conduct
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Indiana, Pennsylvania 15705-1003

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University Student Conduct System—Case Referral Form

Individual Being Referred (list multiple respondents as witnesses and complete form for each):

Name: _____ Date of Referral: / /
Banner Number: @ _____ Birthdate: / /
Local Address: Off Campus (Fill Below) Room: _____ Phone: - -

Description of Alleged Incident:

Alleged Violation(s):

Other Violations(s) – Include charges that require an explanation here (ie. C11 or C18)*:

Date: / / Time: : am/pm Incident Location:

Explanation: (Attach supplemental documents as necessary.)

Individual Making Referral:

Name: _____ Status: _____
Local Address: _____ Staff Other: Description
Local Phone: - -

Signature: _____

Witnesses (Attach another sheet if necessary, remember to list multiple accused here as witnesses):

Name: _____ Name: _____
Local Address: _____ Local Address: _____
Local Phone: _____ Local Phone: _____
For Referring Party: For Referring Party:
For Respondent: For Respondent:

Name: _____ Name: _____
Local Address: _____ Local Address: _____
Local Phone: _____ Local Phone: _____
For Referring Party: For Referring Party:
For Respondent: For Respondent: