DAVIDSON COLLEGE PATTERSON COURT OFFICE
INAPPROPRIATE NEW MEMBER ACTIVITY / HAZING REPORT FORM

I. General Information

Date of Report: _____/_____/_____

Incident Date: _____/_____/_____ Time: _____ a.m. /p.m. Location:_____

Reported by: _____

II. Persons Involved	Social Security #	Residence	Box #	Phone #
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____

III. Witnesses	Social Security #	Residence	Box #	Phone #
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____
_____	_____-_____-_____	_____	_____	_____

IV. Description of Incident

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