

# HONOR CODE VIOLATION REPORTING FORM

Please complete the required fields and send as an email attachment to **Nicholas Harris**, Honor Committee Student Chair at [Nicholas.Harris@uscmed.sc.edu](mailto:Nicholas.Harris@uscmed.sc.edu) and **Grace DeMarco**, Honor Committee Student Advisor at [Grace.DeMarco@uscmed.sc.edu](mailto:Grace.DeMarco@uscmed.sc.edu)

<b>Name of Reporter:</b>		<b>Name of Accused:</b>	
<b>Title of Reporter:</b>		<b>Class of Accused:</b>	
<b>Department of Reporter:</b>			

**WHERE DID THE POTENTIAL VIOLATION OCCUR? (PLEASE SPECIFY WHICH CAMPUS OF THE SOM THE ACTION OCCURRED ON; IF OFF-CAMPUS, PLEASE INCLUDE AN ADDRESS)**

**WHAT IS/ARE THE DATE(S) AND TIME(S) OF THE POTENTIAL VIOLATION?**

**IS THIS PRIMARILY A PROFESSIONAL OR ACADEMIC ISSUE?**

**ARE THERE ANY OTHER WITNESSES? IF SO, PLEASE INCLUDE THEIR NAMES AND DEPARTMENTS.**

**HAS THE STUDENT IN QUESTION BEEN MADE AWARE OF THIS REPORT OR WARNED ABOUT THIS PREVIOUSLY?**

**PLEASE DESCRIBE THE EVENT/INCIDENT IN DETAIL BELOW**

Signature and Date: