

UNIVERSITY OF LOUISIANA at LAFAYETTE

VIOLENCE IN THE WORKPLACE

COMPLAINANT FORM

Note: For help or questions regarding this form, please contact the University Police Department at 482-6449

COMPLAINANT'S INFORMATION (May be anonymous)

Please provide any of the following information that you feel comfortable providing.

Your name: _____

Your home address: _____

Your home phone # _____

Your work address _____

Your work phone # _____

Your classification (Student, Faculty, Staff) _____

INCIDENT INFORMATION:

Please provide as many details as possible concerning the incident

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Description of Incident:

SUBJECT INFORMATION:

Please provide any of the following information known to you.

Subject's name: _____

Subject's work address _____

Subject's phone # _____

Subject's classification: (Student, Faculty, Staff) _____

Please submit completed form to :
University of Louisiana - Lafayette Police Department
Bittle Hall
PO Box 40794
Lafayette, LA 70504