



Brookings Friends of Baseball Acknowledgement of Receipt:

Date Received: _____

Received by: _____

HAZING REPORT FORM

Complainant Name: _____

Phone: _____

Email: _____

Address: _____

Date and time of alleged incident(s) _____

Place where alleged incident(s) occurred: _____

Name of person you believe harassed: _____

Describe the incident(s) as clearly as possible: _____

List any witnesses that were present: _____

What action, if any, has been taken? _____

This complaint is filed based on my honest belief that I have been subject to, or witness to, hazing as defined by [FOB's Hazing Policy](#). I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge. Any false claims may be subject to disciplinary action.

Complainant Signature

Date