



NEBRASKA
WESLEYAN
UNIVERSITY

Peer Review Board Complaint Form

Student Being Charged

Name: _____ Address: _____
Email: _____ Phone: _____
SMB: _____

Violation Type: _____
Incident Location: _____
Incident Date: _____
Name of CR on File: _____

Person Making Complaint

Name: _____ Title: _____
Email: _____ Phone: _____
Date of Complaint: _____

Witnesses & Contact Info:

Please indicate why the Peer Review Board process is appropriate for this situation.

Please describe what remedy you desire.

Do you have any other information for the Peer Review Board regarding this situation?