



# UNIVERSITY OF SOUTH FLORIDA STUDENT GOVERNMENT



## – INVESTIGATION REQUEST FORM –

NAME OF FILER

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NAME OF ENTITY OR SERVICE FILED AGAINST:

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DATE AND TIME OF ALLEGED NONCOMPLIANCE:

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STATEMENT OF NONCOMPLIANCE:

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RELEVANT CLAUSES WITHIN SG STATUTES, ROPS, OR SOPs:

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OFFICIAL USE ONLY

TIMESTAMP:

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SG ADVISING OFFICE:

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DATE:

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