**Report Date: 20 . . . Officer: (signature)**

**Incident Number:**

**(Do not write on above section)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Petition Form** | | | | |
| Petitioner | Name |  | Affiliation |  |
| Gender |  | Student ID Number or Position |  |
| Mobile Phone |  | E-mail Address |  |
| Subject Matter | |  | | |
| Department Involved | |  | Department Representative / Contact Info |  |
| Details of Petition | | \* Please attach additional pages as needed. | | |
| Date:  Petitioner: (signature)  **SNU Ombudspersons Office** | | | | |