**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** |