

Rudolph H. Raabe College of Pharmacy • Ohio Northern University
Code of Ethical and Professional Conduct Notice of Complaint

Name of Student Accused: _____ Student Number: _____

Please be advised there are reasons to believe you have been in violation of the College of Pharmacy Code of Ethical and Professional Conduct (Honor Code).

Possible Violation(s) – check all that apply:

Academic Dishonesty Violations			
	Knowingly giving assistance not authorized to another while in examination or quiz. (3.01.1)		Knowingly resubmitting assignment in order to deceive. (3.01.4)
	Unethically obtaining, possessing, or using test or quiz material prior to the administration of any test or quiz. (3.01.2)		Altering or attempting to alter an assigned grade on official ONU record. (3.01.5)
	Plagism. (3.01.3)		Other violation delineated in advance by instructor. (3.01.6)
Professional Conduct Violations			
	Purposely falsifying documents prior to admission to the College or while enrolled. (3.02.1)		Stealing, damaging, or unauthorized use of any University property. (3.02.6)
	Knowingly producing false evidence (or rumors) against another or providing false statements or charges in bad faith against another. Knowling publishing or circulating false information concerning any ONU member. (3.02.2)		Engaging in any facet of Pharmacy practice prior to graduation that is not under direct supervision of a licensed practitioner or otherwise allowed by law. (3.02.7)
	Disruption of teaching, research, or extension programs. (3.02.3)		Intentionally revealing the names of the charging party, the accused, witnesses or facts involved in an alleged violation except in accordance with the provisions of the Code, or revealing the confidential proceedings of an Honor Board hearing. (3.02.8)
	Threatening or purposely committing physical violence and/or verbal abuse against any ONU member. (3.02.4)		Failure to report known violations of the College of Pharmacy Code of Ethical and Professional Conduct. (3.02.9)
	Misusing or misrepresenting one’s status as a Pharmacy student for the right to use any ONU property or facility. (3.02.5)		Use, possession, or participation in the trafficking of illegal drugs or controlled substances, or the misuse/abuse of alcohol and other chemical substances (including underaged consumption). (3.02.10)
			Unauthorized access or disclosure of information about faculty, staff, or students of the College of Pharmacy, or patients/clients, tht is private or confidential. (3.02.11)

Description of Violation:

Date of Violation: _____ **Time of Violation:** _____

Place Where Violation Occurred: _____

Proposed Sanction:

In addition to any academic consequences that may occur in an involved course,

Signature of Complainant: _____ **Date:** _____

Complainant: Please print, sign, and send to the College of Pharmacy Dean's Office (RE 115); ATTN: Honor Code Notice of Complaint.

Please be advised that you have three (3) options. Please sign in the appropriate space to indicate your decision. (Must respond within two (2) working days or forty-eight (48) hours).

1. I accept responsibility for the violation and agree with the proposed sanction and waive my rights to a hearing.

Signature of Student: _____ **Date:** _____

2. I accept responsibility for the violation, but request a hearing in order to contest the proposed sanction.

Signature of Student: _____ **Date:** _____

3. I do not accept responsibility for the violation and request a hearing.

Signature of Student: _____ **Date:** _____