



Society of Academic Urologists
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SAU-AUA Urology Residency Match Violation Report Form for Applicants

Date Submitted: _____

Program Name: _____

Institution Name: _____

Match and Year: _____

Date of Incident: _____

Please describe the alleged violation in detail and include the name of the person(s) whose actions are in question:

Please explain how you became aware of the alleged violation and describe your relationship with the person(s) whose actions are in question:

The following information is not required; however, failure to provide it may impede the SAU's ability to investigate the alleged violation.

Applicant Last Name: _____

Applicant First Name: _____

Applicant Email: _____

Applicant Telephone: _____

If you provided your name and contact information, is the SAU authorized to identify you as the person reporting the alleged violation or do you wish your identity to remain confidential?

Can reveal my identity

Cannot reveal my identity

Please save the completed form as a PDF with a different file name to your desktop computer. Send the PDF as an attachment to info@sauweb.org

Please review the [SAU Match Violations Policy](#) for additional information.