Joint Judicial Board Complaint Form
To be completed and submitted to the Office of Fraternity & Sorority Life in the Student Involvement Office.

Violation Reported By (Check One):
___ Chapter  ___ Potential Member  ___ Chapter Member
___ Recruitment Guide  ___ Advisor  ___ Campus Administrator
___ Community Member  ___ Other: _______________________________________________

Against: __________________________________________________________________________

For having violated:
_____________________________________________________________________________________
_____________________________________________________________________________________

(Please specify recruitment rule or the section, number etc. from the IFC/PHC Constitution & Bylaws if known.)

Statement of Alleged Infraction:

Date: _________________  Time of Incident: _________________

Location of Incident: _________________________________________________________________

Name(s) of Person(s) Reporting Incident:
_____________________________________________________________________________________
_____________________________________________________________________________________

Witness(es) to Incident:
_____________________________________________________________________________________
_____________________________________________________________________________________
Description of Incident:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Names & Affiliations of individual(s) and chapter(s) involved:
_____________________________________________________________________________________
_____________________________________________________________________________________

Name(s) of Individual(s) reporting incident:
_____________________________________________________________________________________
_____________________________________________________________________________________

Phone number(s):
_____________________________________________________________________________________

Email Address(es):
_____________________________________________________________________________________
_____________________________________________________________________________________

Date Submitted: __________________________ Time: ______________________________

Signed: __________________________________________________________________________
(Name & Title of person filing)

Signed: __________________________________________________________________________
(Name & Title of person filing)

For Staff Use Only:

Report Received by: _________________________________________________________________
(Name & Title)

Date Received: __________________________ Time Received: __________________________