Appendix

Judicial Complaint Form

Violation Reported By (Please Check One):
- [ ] Chapter
- [ ] Chapter Member
- [ ] Advisor
- [ ] Community Member
- [ ] Campus Administrator
- [ ] Other

Against: _______________________________________________________________

Name of Fraternity

For having violated: _____________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

(Please specify which rule in the IFC Bylaws, Constitution, Recruitment Rules or Code of Conduct was broken - if known)

Statement of Alleged Infraction:

Date: _________________ Time of incident: _________________

Location of incident: __________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Name(s) of Person(s) reporting the incident: ___________________________

Witness(s) to incident: _____________________________________________

_______________________________________________________________________

_______________________________________________________________________

Description of incident: _____________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
Name of individual(s) involved and their chapter affiliation(s):
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Name, phone number, and email of individual(s) reporting the incident:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Date Submitted: _______________________________________________________

Signature of individual(s) filing the form:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Judicial Use Only

Received by: ___________________________ Date: __________

Method: □ Informal Judicial Meeting □ Formal Judicial Hearing

Meeting/Hearing Date: __________

Appeal filed? □ Yes □ No Date: __________________________

Appeal Decision: ____________________________________________
_______________________________________________________________________
_______________________________________________________________________