



**Office of Greek Life Programs
Department of Student Life**



INTERFRATERNITY COUNCIL JUDICIAL BOARD GRIEVANCE FORM

Please return to IFC Chief Justice, Office of Greek Life Programs, Student Union, The HUB

Complainant: _____ Title/Position: _____

Phone Number: _____
Home Cell

Alleged policy or regulations(s) violated: _____

Date incident occurred: _____ Location: _____

Please describe in detail the incident in question (attach additional sheets if necessary):

Names and contact information (i.e., phone number) of additional people to contact for more information – chapter president, social chair, etc. – about the incident.

I wish the following action to take place: (please check one only)

- _____ Follow up with me by the IFC Chief Justice
- _____ Have the IFC Chief Justice/Assistant Director for Greek Life Programs follow up with chapter individually (no formal case or hearing)
- _____ Formal IFC Judicial Hearing (chapters have right to know all complainants and information regarding the case against them)
- _____ Other (please be specific) _____

Signature of Complainant Date

OFFICE USE ONLY	Received by: _____	Date Received: _____
