



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 CSL*

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: _____
_____		