



Office of Greek Life Programs
Department of Student Life



PANHELLENIC COUNCIL GENERAL GRIEVANCE FORM

Person/Chapter Accused: _____

Person/Chapter Reporting: _____

Name required Chapter Rho Gamma Potential member PHC Executive member

Others involved: _____

Witnesses: _____

Date & Time of Incident: Date ____/____/____ Time _____ a.m./p.m.

Location of Incident: _____

Type of Incident: (Mark (X) all that apply)

Risk Reduction Policy Violation

Alcohol Policy Drug Violation Hazing-Verbal/Physical Other

PHC Policy Violation

- Recruitment Infraction (Can be filed by Office of Greek Life Programs staff, chapter president, Rho Gamma, or PHC executive officers only!)
- Disruption/Obstruction of Greek-sponsored function
- Financial responsibility
- Failure to comply (Bylaws)
- Infliction/Threat of Mental/Bodily harm
- Other _____

Criminal Law Violation

- Trespass Destruction of Property Furnishing False Information
- Forcible Entry Disturbing the Peace Other _____
- Theft Possession of Stolen Property

OFFICE USE ONLY

Date Received: _____ Contacted Chapter (date): _____

Hearing (date): _____ Responsible? Yes or No

Sanction: _____

Judicial Board Comments: _____

Chief Justice Signature

Date Signed

