

IFC Complaint Form

Emporia State University

Complaint Filed By:

Complaint Filed Against:

Individual(s) Filing Complaint

Individual(s)

Chapter (if applicable)

Chapter

Chapter President (if applicable)

Chapter President

Chapter Advisor (if applicable)

Chapter Advisor

Were there any witnesses: Yes No

If so, who:

Name of witness

Name of witness

Name of witness

Address

Address

Address

() _____ - _____
Phone

() _____ - _____
Phone

() _____ - _____
Phone

Date of the Event: ____ / ____ / ____ Time of the Event: ____ : ____ **a.m.** or **p.m.**

Describe the activity or situation as fully and completely as possible. Include all information such as who witnessed what, what you saw, what others saw, who was present, where the event took place, the time of the event, and any other locations or person(s) who were involved. Be sure to be as complete and accurate as possible.

Please cite the policy or policies that were allegedly violated, including the document where the policy is stated (Constitution, Bylaws, Administrative Policies & Procedures or IFC Sports Handbook), article, section, and sub-point:

I hereby attest that all of the above information is true to my fullest knowledge and understand that if the above form is not complete, no action will be taken by the IFC Judicial Board.

Signature

Date Form Filed

This form should be completed and returned to the Chief Justice of the Interfraternity Council Judicial Review Board, located in the Center for Student Involvement in the Memorial Union, within seven (7) working days of the alleged incident.

For IFC JRB Use Only
Date received: _____

Received by: _____