

University of Oregon

Fraternity & Sorority Violations Report Form

To be filled out and submitted to the IFC/PHC President or one of the Greek Advisors within 10 days of the alleged violation.

Violation Reported By:

- | | | |
|---|--|---|
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Recruitment Staff | <input type="checkbox"/> Chapter Member |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Recruitment Counselor | <input type="checkbox"/> Community Member |
| <input type="checkbox"/> (Potential) New Member | <input type="checkbox"/> Advisor | <input type="checkbox"/> Other (please be specific) |

Against:

Name of Fraternity or Individual(s)

Regulation Violated: (circle one)

Code of Ethics

IFC/PHC Constitution/By-Laws

IFC/PHC Social Policy

IFC/PHC Recruitment Rules

Statement of Alleged Violation:

Date: _____

Time of Day: _____

Location:

Names(s) of Person(s) Reporting Incident:

Witness(es) to Violation:

Description of Incident:

Names, Addresses, and Phone Numbers of Individuals and Chapters Reporting Violation:

Signed by:

Name – position

To be completed by IFC/PHC President/VP Greek Accountability:

Date submitted: _____

Form properly submitted? Yes No (If no, briefly explain)

Notification of Infraction form sent to:

Accused Fraternity (Date: _____)

Panhellenic Advisor (Date: _____)

NPC Area Advisor (Date: _____)