Interfraternity Council Incident Report Form

This form should be submitted to the Greek Advisor in the Office of Student Involvement & Leadership in MH 159 or fax to 504-280-6633 within 48 hours after the incident. For more information, call 504-280-6349 or email sil@uno.edu

Chapter In Violation: _____________________________________________________

Phone Number: _________________________________________________________

Date and Estimated Time of Violation:
____________________________________________________________________
____________________________________________________________________

Location of Violation: ____________________________________________________

Potential New Member(s) Involved In Violation:
____________________________________________________________________
____________________________________________________________________

Brief Description of Violation (Use Separate Sheet of Paper if Necessary):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Chapter/Person Submitting Complaint: _________________________________

Phone Number: _________________________________

Signature: _________________________________

Date: _________________________________

SIL Office Use Only:
Received on: _________________________________

Greek Advisor Signature: _________________________________

Date: _________________________________