

Interfraternity Council

University of Central Arkansas Judicial Complaint Form

1. Violation Reported By (**Check One**):

|  |  |
| --- | --- |
| a. Chapter  | \_\_  |
| b. Chapter Member  | \_\_  |
| c. Advisor  | \_\_  |
| d. Community Member  | \_\_  |
| e. Campus Administrator  | \_\_  |
| f. Other  | \_\_  |

1. Against:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. For having violated:

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(**Please specify which rule in the IFC Bylaws, Constitution, Recruitment Rules or Code of Conduct was broken – if known**)

1. Statement of Alleged Infraction:
	1. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Location of Incident:

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* 1. Name(s) of Person(s) reporting the incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. Witness(s) to incident:

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* 1. Description of Incident *(please attach another sheet if necessary):*

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* 1. Name of Individual(s) involved and their chapter affiliation(s):

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* 1. Name, phone number, and email of individual(s) reporting the incident:

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* 1. Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ j. Signature of individual(s) filing the form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **JUDICIAL USE ONLY**
	1. Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Method:

i. Informal Judicial Meeting \_\_ ii. Formal Judicial Hearing \_\_

* 1. Meeting/Hearing Date: \_\_\_\_\_\_\_\_\_\_
	2. Appeal filed? \_\_ Yes \_\_ No Date: \_\_\_\_\_\_\_\_\_
	3. Appeal Decision:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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