COLLEGE PANHELLENIC VIOLATION REPORT FORM

To be filled out and submitted to the College Panhellenic within 30 days of the alleged infraction. (The 30 calendar day timeline even applies during university/college breaks.)

University/college: ____________________________________________________________

Against (name of fraternity): ____________________________________________________

For violating: __________________________________________________________________

(List specific rule, Code of Ethics, NPC UNANIMOUS AGREEMENT, etc.)

Violation reported by: (Reports may only be filed by one of the following:)

☐ Chapter President  ☐ Panhellenic Officer in Charge of Recruitment
☐ Recruitment Counselor  ☐ Potential New Member  ☐ Panhellenic Advisor

Date/time/location of alleged infraction: ____________________________________________

Witness(es) to the incident (include affiliation/Panhellenic office and phone numbers):

______________________________________________________________________________

Description of the incident (use additional sheets if necessary): __________________________

______________________________________________________________________________

Names and affiliations of cited individual(s) and fraternity involved: ________________

______________________________________________________________________________

Names, addresses and phone numbers of individual(s)/fraternity reporting incident:

______________________________________________________________________________

______________________________________________________________________________

Signed by: _____________________________________________________________________  __________

Name & position                                                               Date

To be completed by the College Panhellenic President or Panhellenic Advisor

Date submitted: __________________________________________________________________

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

Notification of Infraction form sent to:  ____________________________________________