GREEK WEEK INCIDENT REPORT

To filled out and submitted to the Office of Student Activities (320 Pence Union Building) within 24 hours after the alleged violation is known and more than 10 days after it has occurred.

Incident Reported By: __________________________ Chapter Affiliation: __________________________

(Print First and Last Name)

☐ Player / Participant ☐ Spectator
☐ Greek Week Coordinator ☐ Other: __________________________

Against: __________________________

(List the Name(s) of Involved and their Chapter Affiliation)

Type of Incident:

☐ Greek Week Rule Violation ☐ Conduct / Behavior ☐ Ejected from Participation
☐ Alcohol / Other Substances ☐ Physical Assault ☐ Other: __________________________

Date: __________________________ Event: __________________________

Location: __________________________ Time: __________________________ am / pm

Description of Incident:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Signature of Reporting Party: __________________________ Date: ________

Printed Name of Greek Week Coordinator: __________________________ Date: ________

Signature of Greek Week Coordinator: __________________________ Date: ________

Received By Greek Advisor: __________________________ Date: ________