

SORORITY COMPLAINT FORM

Soror's Name _____ Chapter _____

Local Address _____

Phone _____ E-mail _____

Accused's Name _____ Organization or Chapter _____

Address of Accused _____

What is the nature of the policy violation? Which specific policy has been violated (if you can identify it):

State the dates and times of specific incidents and describe the incidents fully (use additional pages, if necessary):

WITNESSES: (use additional pages, if necessary) Names Addresses Phone Numbers

Signature: _____ Date: _____

Form must be signed and dated. Please email form directly to the membership coordinator at membership@iotagamma psi.com

This information may become part of the general case file and may be viewed by those against whom complaints have been filed as part of their due process rights.

Office Use Only: Received by _____

Date/Time: _____

WAIVER OF HEARING NOTIFICATION

Organization: _____

We have received written notice indicating the charges and the adjudication options available. We waive the right to the mandatory seven (7) business days notification to schedule the hearing.

We have received written notice indicating the charges and the adjudication options available. We DO NOT waive the right to the mandatory seven (7) business days notification to schedule the hearing.

Chapter Officer's Name _____

Title _____

Signature _____

Date _____

SORORITY JUDICIAL BOARD DECISION FORM

Accused Organization: _____ Date of Hearing: _____

Appeared at hearing: Yes No

Nature of Complaint:

Decision by Board:

List of Rule(s) Violated	Plea	Responsible	Unanimous/Vote	Not Responsible
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1.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

3.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Rationale for Board decisions:

Sanctions with due dates:

Rationale for sanction decisions:

Judicial Board Members Present

Name

Organization

Advisor: _____

Chair: _____

APPEALS Appeals must be made in writing and must be submitted within five (5) business days of the written notification of the imposed sanction to the secretary@iotagamma Psi.com