



## INCIDENT REPORT

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

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### Type of Violation

*Please circle all that may apply*

IFC Policy:	Yes	No	Unknown
Student Code/SRRR:	Yes	No	Unknown
State/Federal Law:	Yes	No	Unknown
Arbitration*:	Yes	No	

*\*The process of IFC conflict mediation between member fraternities*

### Description of Violation

*Please feel free to attach additional pages with a personal account, photos, and/or general evidence*

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### Fraternity Chapter or Individual Involved (Respondent):

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### Witness (if available):

*If you are aware of more witnesses, please feel free to attach their names and contact information.*

Name: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

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### Complainant:

*Complainants may be anonymous upon request. Its strongly advised that complainants disclose their identity in this report, so that IFC personnel can follow up with a confidential interview.*

Name: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

*Please submit this report to the Office of the Interfraternity Council (MUB 117) and/or in the IFC Mailbox at the Office of Student Involvement and Leadership.*