

Ball State University Fraternity & Sorority Incident Report

OFFICE USE ONLY	
DATE RECEIVED:	_____
TIME RECEIVED:	_____
RECEIVED BY:	_____
HQ CONTACT:	_____

This form should be used to report an incident or alleged violation by a fraternity/sorority at Ball State of the Greek Community Risk Management Policy, Student Code of Conduct, (inter) national policies and procedures and/or federal, state, or local laws.

Type of Incident:

- Alcohol Violation Hazing Vandalism Theft Unregistered Event
 Fighting Sexual Assault Other (please specify):

Violation Reported by:

- Social Evaluation Team/Governing Council Officer Chapter Potential Member Student
 Parent Faculty/Staff Member Community Member Other (please specify):

Incident Information:

Date: _____ Time (Indicate AM/PM): _____

Chapter(s) involved:

Name and Affiliation of Individuals Involved:

Location (on campus/off campus, fraternity/sorority house, residence hall, other):

Description of Incident (Include as much detail as possible):

I agree that all information provided in this report is a factual and accurate account of the events that I have witnessed or encountered.

Complainant Name: _____ Email: _____
Complainant Signature: _____ Date: _____

Would you like someone to follow up with you? Yes No

If yes, you may contact the Office of Student Life at 765-285-4733 or provide the following information:

Name: _____ Phone: _____

Please return this completed form to:
The Office of Greek Life - Student Center Room 131
Email: greeks@bsu.edu or Fax: 765-285-2855