

# Grievance Form

\*must be turned in within 30 calendar days of incident\*

Person completing the form \_\_\_\_\_

Chapter(s) \_\_\_\_\_

Date of Incident \_\_\_\_\_ Approx. Time of Incident \_\_\_\_\_

Type of Grievance: IFC, MCGC, NPHC or PHA Constitution / Recruitment Infraction  
/ Violation of Alcohol Policy /  
Other \_\_\_\_\_

---

Violation/Charge: \_\_\_\_\_

---

Description of Incident: \_\_\_\_\_

---

Members Present from each Chapter: \_\_\_\_\_

---

Contact Information  
Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: \_\_\_\_\_ Date Received \_\_\_\_\_

Description of Follow Up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_