

# Non-Hazing Policy Violation Report Form

This form will permit you to confidentially submit reports regarding incidents you believe to be violation of campus or organizational policy. A submitted report will result in an investigation by the Office of Fraternity & Sorority Life into the alleged incident. Every attempt will be made to keep all information submitted in this form confidential.

WARNING: False reports impede the ability of the Office of Fraternity & Sorority Life to meaningfully conduct investigations of legitimate incidents. Knowingly submitting a false report of hazing or misuse of this College form can result in disciplinary action.

## Non-Hazing Policy Violation Report Form

Date of Incident [Required]

Time of Incident

Location of Incident [Required]

Valid input:

- Select only one choice.
- must select a value.

- On Campus
- On Campus Greek Housing
- Off Campus
- Off Campus Residence Occupied by Greek Members

Organization Involved [Required]

Valid input:

- Select only one choice.
- must select a value.

- Alpha Delta Pi Sorority (A D Pi)
- Alpha Epsilon Pi Fraternity (A E Pi)
- Alpha Kappa Alpha Sorority, Inc. (A K A)
- Alpha Phi Alpha Fraternity, Inc. (Alphas)
- Alpha Tau Omega Fraternity (A T O)
- Beta Theta Pi Fraternity (Beta)
- Chi Omega Sorority (Chi O)
- Delta Gamma Sorority (D G)
- Delta Delta Delta Sorority (Tri Delta)
- Delta Sigma Theta Sorority, Inc. (Deltas)
- Kappa Alpha Order Fraternity (K A)
- Kappa Alpha Theta Sorority (Theta)
- Kappa Delta Sorority (K D)
- Kappa Sigma Fraternity (Kappa Sig)
- Phi Beta Sigma Fraternity, Inc. (Sigmas)
- Phi Gamma Delta Fraternity (Fiji)
- Phi Kappa Tau Fraternity (Phi Tau)
- Pi Kappa Alpha Fraternity (Pike)
- Pi Kappa Phi Fraternity (Pi Kap)
- Sigma Alpha Epsilon Fraternity (S A E)
- Sigma Chi Fraternity
- Sigma Delta Tau Sorority (Sig Delt)
- Sigma Nu Fraternity (Sig Nu)
- Zeta Phi Beta Sorority, Inc. (Zetas)
- Zeta Tau Alpha Sorority (Zeta)

Individual(s) Involved [Required]

Did you witness this first hand? [Required]

Valid input:

- Select only one choice.

- Yes
- No

If you answered "No" to the previous question, how did you learn of this information? [Required]

Note: If you answered "Yes" please write N/A.

Please provide a detailed description of the incident. If multiple incidents occurred, please describe each in detail. [Required]

Was alcohol and/or other substances involved in this incident? [Required]

Valid input:

- Select only one choice.

- Yes
- No
- Unsure

Were there any injuries that resulted from this incident? [Required]

Valid input:

- Select only one choice.

- Yes
- No
- Unsure

Your Relationship to the Organization: [Required]

Valid input:

- Select only one choice.  
- must select a value.

- Active Member of the Organization
- Active Member of a Different Fraternity/Sorority
- Parent of an Active Member of the Organization
- New Member of the Organization
- New Member of a Different Fraternity/Sorority
- Parent of a New Member of the Organization
- College of Charleston Faculty/Staff
- Non-Greek College of Charleston Student
- Other

\*\* THIS SECTION IS OPTIONAL \*\*

#### PLEASE READ - IMPORTANT INFORMATION

You are not required to submit any personal information. Your report will result in an investigation regardless of whether or not you choose to submit your name and contact information. Should you choose to submit your name and contact information, you may be contacted by the Fraternity & Sorority Life Office for a confidential interview so that the Department may gather additional information from you regarding your incident report.

Contact Information

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.  
- name@myschool.edu

First name:  
Middle initial:  
Last name:  
Email address:  
Phone number:  
Address:  
City:  
State:  
ZIP:

I verify that the above information shared above is true and accurate to the best of my knowledge. [Required]

Valid input:

- Select only one choice.

- I Agree