

**The University of Virginia's College at Wise
Office of Greek Life
Complainant Documentation Form**

Date Filed: _____

Chapter(s) Facing Charges (if applicable): _____

Individual(s) Involved:

NAME	ORGANIZATION

Date/Time of Infraction: _____ Location of Infraction: _____

Description of Infraction (Please be as detailed as possible; attach additional sheets if needed): _____

How did you learn of the infraction: _____

Any other persons with knowledge of the infraction? _____

Name of person filing the report: _____
Campus Box #: _____ Phone: _____ Email: _____
Signature: _____ Date: _____

-----**Office Use Only**-----
Date Received: _____ GJC Advisor _____

To Be Completed by Greek Judicial Board Chief Justice:
Date Received: _____ Hearing Date/Time: _____
Hearing Location: _____ Organization Contacted: _____
Greek Judicial Chief Justice Signature: _____ Date: _____

Submit this form to the Office of Greek Life, 3rd floor Slemp Student Center.