

CONFIDENTIAL

University of Massachusetts Amherst  
Office of Fraternities and Sororities  
Complaint Form/Witness Statement

Alleged Offender(s):

Name/Chapter

Address

---

---

---

---

(If possible, please identify individuals involved in incident)

**Incident Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Please describe as specifically as possible, to the best of your recollection, your involvement in, or observation of, the incident in question. Include any information you believe may be relevant to this inquiry. If this is a complaint, please include what standards/policies were violated. If an individual(s) are responsible but you are not able to provide the names, then please explain how you were able to identify the chapter. The information you provide may be introduced as evidence in a standards board proceeding (IFC/Panhellenic/NPHC/MGC), in an administrative hearing with the Director of Fraternities and Sororities, or in a campus judicial proceeding. All information provided will be treated confidentially. Please attach additional pages if necessary. If you have questions, contact the Director, an advisor, or a council president.

Description:

---

---

---

---

---

---

---

---

I attest that I have written the above/attached statement of my own free will, without promises or influence, and that it is true to the best of my knowledge and recollection. I understand that if I knowingly make false or misleading statements, I may subject myself to disciplinary action under the Code of Student Conduct. On receipt of your statement, appropriate action will be initiated, pursuant to the Standards of the appropriate Council (IFC, NPHC, MGC, Panhellenic) and/or the Office of Fraternities and Sororities. In the interim, it is suggested that you avoid any contact with the alleged offender that might in any way be deemed prejudicial to this case.

Submitted by:

NAME:

ADDRESS:

TELEPHONE:

EMAIL

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

FOR STAFF: \_\_\_\_\_

---