

GRIEVANCE FORM

Form must be submitted by January 15, 2024. Email completed form to secretary@georgiasigmas.org

Submitted by: _____

Mailing Address: _____

Number and Street Name or P.O. Box

_____ Apt No.

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

Chapter: _____ Membership Number: _____

Date and Approximate Time of Incident: _____

Type of Grievance: Constitutional Recruitment Infraction Alleged Hazing
Other: _____

Violation/Charge: _____

Description of Incident:

Signature: _____