



The Interfraternity Council
University of Central Florida

Recruitment Infraction Reporting Form

Name: _____

Date: _____

Witness(es) Name(s): _____

Accused Organization: _____

Location of Alleged Infraction: _____

Date of Alleged Infraction: _____

Detailed Account of Infraction:

Please turn into the Greek Affairs Office – SU Rm 208 **within 7 days** of the alleged event.

This form does not indicate guilt, only that an investigation into the event will take place. Further punitive action will be decided upon by the investigation body.