

# GRIEVANCE FORM

Form must be submitted by February 13, 2025. Email completed form to [Georgiasigmas@gmail.com](mailto:Georgiasigmas@gmail.com)

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: \_\_\_\_\_