UCSB
Greek Conduct Board
Complaint Form

Complainant
Name: _________________________ Phone: ________________________________
Address: _______________________________ Email: ___________________________

Incident Information
Date: ______________ Location (if applicable): _________________________________
Fraternity/Sorority Involved: ________________________________________________
Names of participants involved: ______________________________________________
Description of Incident:______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How would you like this case to be resolved? (check one)
____ Mediation _____ Formal hearing

If you would like this to go to a formal hearing, please submit copies of any relevant evidence.

Signature of Complainant __________________________ Date ________________

Please return complaint form to:
Angie Tozier, Greek Conduct Board Advisor
Office of Judicial Affairs
2260 Student Resource Building
Santa Barbara, CA 93106-5010

• You will be contacted within 10 working days upon receipt of this form
• A hearing or mediation will be scheduled and your presence will be requested for a complete resolution of this incident.