Greek Life Hazing Policy Compliance Form Fall 2012
Due Friday, Oct. 5

Fraternities and sororities must file this form with Greek Life each semester to certify compliance with this policy. The preceding document remains in effect until a new one is filed.

Pitt-Bradford Hazing Policy
Any action taken or situation created, intentionally, whether on or off fraternity or sorority premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities may include but are not limited to the following: use of alcohol; paddling in any form; creation of excessive fatigue; physical and psychological shocks; quests, treasure hunts, scavenger hunts, road trips or any other such activities carried on outside or inside of the confines of the chapter house; wearing of public apparel which is conspicuous and not normally in good taste; engaging in public stunts and buffoonery; morally degrading or humiliating games and activities; and any other activities which are not consistent with fraternal law, ritual or policy or the regulations and policies of the educational institution.

To report hazing anonymously, call 814-362-5084 24 hours/day

Hazing Agreement
We, the undersigned, certify the following:
1. We have read AND understand Pitt-Bradford’s Hazing Policy
2. We have read AND understand our National Hazing policy (if applicable)
3. We verify that this policy will be read to our chapter
4. We verify that all activities sponsored and/or required by our chapter, in whole or part, comply with this policy
5. We verify that all our new members will be fully initiated, using all local and national ceremonies, by Oct. 20, 2012.
6. Failure of my organization to uphold this policy, in whole or part, will result in the referral of:
   a. My organization to the discipline office
   b. Any individual members involved to the discipline office
   c. Any individual members to the campus police for criminal prosecution
   d. The president and new member educator for supplying false information to the University (if they knew of hazing and didn't take the steps to stop it)

By signing this form we agree to abide by the above.

Fraternity or Sorority: ______________________________

President: ________________________________ Date: __________

New Member Educator: ______________________________ Date: __________

Scholarship, Leadership, Service, Brotherhood/Sisterhood