CHAPTER HAZING
COMPLIANCE FORM

Fraternity/Sorority Name: ____________________________ Semester: __________________ Year: ____________

HAZING REGULATION NOTICE

1. I have read and fully understand the University of West Florida Hazing Regulation,3.018 Prohibition of Hazing-Procedures and Penalties. In particular, I understand the following:

   (A) Definition of Hazing – In accordance with Section 1006.63(1), Florida Statutes, “Hazing” is defined as any action or situation that recklessly or intentionally endangers the mental or physical health or safety of a student for purposes including, but not limited to, initiation or admission into or affiliation with any organization operating under the sanction of a postsecondary institution. “Hazing” includes, but is not limited to, pressuring or coercing the student into violating state or federal law, any brutality of a physical nature, such as whipping, beating, branding, exposure to the elements, forced consumption of any food, liquor, drug, or other substance, or other forced physical activity that could adversely affect the physical health or safety of the student, and also includes any activity that would subject the student to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct that could result in extreme embarrassment, or other forced activity that could adversely affect the mental health or dignity of the student.

   (B) Allegations of Hazing – Any person having knowledge of any activity or conduct which may constitute hazing should contact the Dean of Student’s Office or the University of West Florida Police Department.

   (C) Self-Reporting of Incidents - Student organization/team members and officers/captains should immediately report any incidents that may constitute hazing that occur within their organization to the Dean of Students Office. The report shall provide a detailed description of the events that have transpired, the names of any individuals involved, and a description of any actions taken by the organization. Upon receiving the report, the Dean of Students Office will initiate an investigation into the matter as described in UWF Reg. 3.018 Prohibition of Hazing-Procedures and Penalties. The organization’s president and/or advisor/coach will be notified.

   (D) If an investigation of Hazing results in charges of violation of UWF Reg. 3.010, Student Code of Conduct, the processes outlined in the Student Code of Conduct will be followed. If the investigation reveals that individuals were involved, those individuals will be charged. However, if the evidence discovered in the investigation proves the incident to have been sanctioned by the organization a follow-up investigation into the organization’s role may be undertaken. The organization may be charged under the Student Code of Conduct. If the student organization is affiliated with a national organization, the national headquarters may be contacted depending on the severity of the incident, the organization’s involvement in the incident, and the organization’s cooperation in the investigation.

   (E) It is not a defense to a charge of hazing that:
      a. Any or all participants consented;
      b. The conduct was not part of an official organizational event or otherwise sanctioned or approved by the student group; or
      c. The conduct or activity was not done as a condition of membership to or affiliation with a student group.

   (F) Sanctions for violations of this regulation shall be administered by the Dean of Students.

2. I agree to comply with the UWF Hazing Regulation and report any hazing of which I am aware to either Fraternity or Sorority Life at fsl@uwf.edu or the Dean of Students Office at osrr@uwf.edu. Furthermore, I understand that failure to report any incident(s) of hazing may result in disciplinary action up to and including suspension from the University for the Chapter and/or individuals involved.

Chapter President’s Signature

Name ____________________________ Signature ____________________________ UWFID ____________ Date ____________

New Member Educator’s Signature

Name ____________________________ Signature ____________________________ UWFID ____________ Date ____________

Updated July 2018