Fraternity and Sorority Life Hazing Policy Compliance Form

Due January 30, 2015

All USC fraternities and sororities must file this form with Office of Fraternity and Sorority Life the first full week class of each semester to certify compliance with this policy. The preceding document remains in effect until a new one is filed.

USC Hazing Policy
Any activity, undertaken by a group or a member of a group, which subjects members to harassment, intimidation, physical exhaustion, pain, undue mental fatigue or distress, or mutilation or alteration of parts of the body. Such activities include, but are not limited to: tests of endurance; submission to potentially dangerous or hazardous circumstances; activities which have a foreseeable potential for resulting in personal injury; or activities profound in nature that would have a potential to cause severe mental anxiety, mental distress, panic, human degradation, or public embarrassment.

To report hazing anonymously, call the Hazing Hotline 24 hours/day at 803-777-5800. You will not be asked to identify yourself at any time.

Hazing Agreement
We, the undersigned, certify the following:
1. We have read AND understand USC’s Hazing Policy
2. We have read AND understand our National Hazing policy
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 the established initiation deadline, April 11, 2015.
6. We further verify that all new member activities will be completed prior to midnight.
7. 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 and/or the Greek Conduct Board
   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/intake coordinator for supplying false information to the University (if they knew of hazing and didn’t take the steps to stop it)
   e. Please list your pre-determined initiation date below for this semester.

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

__________________________________  ____________________________  ____________________________
Organization Name  Semester and Year  Spring Initiation Date

__________________________________  ____________________________  ____________________________
President - Signature  Printed  Date

__________________________________  ____________________________  ____________________________
New Member Educator/Intake Coordinator  Printed  Date