

## Chapter Anti-Hazing Compliance Form

All SIU fraternities and sororities must file this form **annually** with the Office of Fraternity and Sorority Life to certify compliance with this policy and to maintain recognition with the University. The preceding document remains in effect until a new one is filed.

### Illinois State Law

*The Illinois Hazing Act* defines hazing as follows: A person commits hazing who knowingly requires the performance of any act by a student or other person in a school, college, university, or other educational institution of this State, for the purpose of induction or admission into any group, organization, or society associated or connected with that institution if:

- (a) the act is not sanctioned or authorized by that educational institution; and
- (b) the act results in bodily harm to any person

### SIUC Definition of Hazing

*Southern Illinois University Carbondale's Student Code of Conduct* defines hazing as follows: Conduct that endangers the mental or physical health or safety of a student, or that destroys or removes public or private property for the purpose of initiation, admission into, affiliation with or as a condition for continued membership in a group or organization. Participation or cooperation by the person(s) being hazed does not excuse the violation. Failing to intervene to prevent or failing to discourage or failing to report those acts may also be a violation under this policy.

### Agreement on Hazing

We, the undersigned, certify the following:

1. We have read AND understand SIUC's definition of hazing.
2. We have read AND understand Illinois State Law in regards to the Illinois Hazing Act.
3. We have read AND understand our (inter)national organization's Anti-Hazing Policy.
4. We verify that this policy will be read to our chapter.
5. We verify that all members will receive a copy of this policy.
6. We verify all activities sponsored or required by our organization comply with this policy.
7. Failure of my organization to uphold this policy, in whole or part, will result in the referral of my organization and any individual members involved to the Office of Student Rights and Responsibilities.
8. Furthermore, if I suspect, see, or know hazing activities are occurring, it is my responsibility to report these activities to the appropriate office.

By signing this form, our organization and all members agree to abide by the policies stated above.

Fraternity/Sorority: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President (or Second in Command): \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Advisor or Graduate Chapter Advisor: \_\_\_\_\_ Date: \_\_\_\_\_