

SORORITY & FRATERNITY LIFE

UC SAN DIEGO

ANTI-HAZING COMPLIANCE FORM 2021 - 2022

We certify that all activities conducted by _____ (organization) comply with the University of California's (UC) Hazing Policy and California State law.

We will inform all members, including actives, candidates, interests, and new members of our organization of the University's Standards of Conduct and hazing policy included in the links below. This policy will be read and delivered via email to all active members at the beginning of the year and to candidate/aspirant/new members at the beginning of the membership intake/new member education process. We will also inform all members of the anonymous hazing reporting email hazing@ucsd.edu. We will copy the CSI/SFL and sororityfraternity@ucsd.edu as proof of this correspondence.

<https://adminrecords.ucsd.edu/ppm/docs/160-10.html>
https://students.ucsd.edu/_files/student-conduct/PACAOS-100_StudentConductDiscipline.pdf
<https://getinvolved.ucsd.edu/one-stop/manage/hazing.html#What-is-hazing>

We understand that failure to abide by the UC San Diego hazing policy, other UC policies applicable to student organizations and/or California State Law will result in referral to the Office of Student Conduct for an organizational violation and/or individual violation(s). We understand that our inter/national organization will be immediately notified if there are any concerns or allegations of illegal membership activities occurring.

We understand that participation in any hazing activity or having knowledge of any hazing activity and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether graduate/alumni status or affiliated at another institution of higher education, to haze our candidate/aspirant/ interest/ new member(s).

Our signatures below certify that we have read, understand, and agree to abide by the UC Hazing Policy.

_____ Chapter President (<i>Print</i>)	_____ Signature	_____ Date
_____ Intake/New Member Education Chair (<i>Print</i>)	_____ Signature	_____ Date
_____ Risk Management Chair (<i>Print</i>)	_____ Signature	_____ Date
_____ Community/ Chapter Advisor (<i>Print</i>)	_____ Signature	_____ Date