

K-STATE PANHELLENIC COUNCIL EVENT REVIEW FORM

This form is due in the Greek Affairs office 48 HOURS after the event.

Date of Event: ____ / ____ / ____ Time: Begin ____ : ____ am/pm End ____ : ____ am/pm

Sponsoring Chapter(s):

Other Sponsors:

Type of Event: Philanthropy Date party Function Sibling/Alumni Homecoming Recruitment Sisterhood

Theme: _____

Location of Event: Chapter House Out-of-House 3rd Party Other

Name of location: _____ Phone: _____

Address: _____

Number of attendees: Chapter Members - _____ + Guests - _____ Total = _____

Mode of safe transportation: _____

The Kansas State Panhellenic Council is concerned for the health, safety, and welfare of all member chapters and chapter members. This form wishes to illustrate the successful management of chapter events. Answers to the following questions do not necessarily indicate judicial concern, but rather allow the PHC and Greek Affairs staff to understand how chapters are managing events in an effort to best advice and support host chapters. This form will be reviewed for best practices, reoccurring events, and community-wide challenges or alerts and shall be filed in the chapter's Greek Affairs records. Dishonesty or failure to complete this form will be seen as failure to comply with the Kansas State University Panhellenic Council bylaws.

The chapter is currently processing this information. A report is not available at this time; however, a report will be available and offered on: _____

1. Were emergency services employed prior to, during, or following the event?

Y N

If yes please specify:

Action of the Chapter:

2. Did any attendees receive medical attention as a result of actions prior to, during, or following the event?

Y N

If yes please specify:

Action of the Chapter:

3. Was any member of the chapter cited for illegal action prior to, during, or following the event?

Y N

If yes please specify:

Action of the Chapter:

4. Was there a problem while registering with the Panhellenic council, sorority headquarters or regional staff?

Y N

If yes please specify:

Action of the Chapter:

5. Were any sexual assaults reported prior to, during, or following the event?

Y N

If yes please specify:

Action of the Chapter:

FOR EVENTS WHERE ALOCHOL WAS PRESENT:

6. Please check the most accurate answer to the following:

	Yes, the chapter is addressing this issue internally	Yes, however the chapter opted not to address this action	No, this action did not occur
A. Guests / Members were not drinking responsibly?			
B. There was underage drinking at the event?			
C. Guests / Members arrived intoxicated?			

7. Additional questions, comments, or concerns:

Questions, Comments, Concerns:

*****Please remember to submit total money donated and total service hours to the Director of Internal Relations**