

QUALITY ASSURANCE FORM

I/WE, _____, HERBY REFER THE FOLLOWING TO THE JUDICIARY COMMITTE OF THE TROY STATE CHAPTER OF THE DELTA CHI FRATERNITY.

THE REASON OF SAID REFERRAL IS AS FOLLOWS:

THE ABOVE STATED TOOK PLACE ON _____ AT _____ O'CLOCK

SIGNATURE OF PERSON COMPLETING FORM _____

SIGNATURE OF WINESS TO ACTIONS _____

IMMEDIATE CORRECTIVE ACTION TAKEN _____

CORRECTIVE ACTION IN FUTURE CASES _____

COUNSELOR _____

DATE _____

COUNSELOR _____

DATE _____

COUNSELOR _____

DATE _____

COUNSELOR _____

DATE _____

CHAPTER "C" _____

FILLED _____