

**Grand Counselor's**  
48 Hour Incident Report  
(Attorney Client Privilege)

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Facts:**

Attach a statement detailing the following: what happened, where, when and who was involved. Include contact information for all persons involved.

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**Was anyone injured?**

Include name, address and telephone number.

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**College or University?**

Include contact name for Greek Affairs official.

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**Off Campus Activity?**

Address/Location and contact name of owner or manager of facility.

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Name, address and contact number of Chapter Officers.

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Name, address and contact number of Chapter Administrator. (If applicable).

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Name, address and contact number of MSP Chairman. (If applicable).

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Name, address and contact number of witnesses.

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Report should be emailed and mailed to Grand Counselor - Omega Psi Phi Fraternity, Inc.

Email Address:	IHQ-Legal@opphf.org
Address:	Grand Counselor Omega Psi Phi Fraternity, Inc. 3951 Snapfinger Parkway Decatur, Georgia 30035
Fax Number:	404-284-0333