

KAPPA KAPPA IOTA EMPATHY CONCERN

Name of Kappa for Empathy Concern Date

Address: _____

City/State/Zip: _____

Reason: _____

If concern is a member's death, please include the following: _____
Date of death

Next of kin: _____
Relation to deceased

Address: _____

City/State/Zip: _____

Signature Office/Position Chapter/State

REPORT EMPATHY CONCERNS TO YOUR STATE EMPATHY CHAIR

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