



HAZING REPORT FORM FOR ORGANIZATIONS

1. This Standardized form, developed by the Board of Regents pursuant to Act 382 of 2019, is to be used by postsecondary institutions to report to law enforcement as soon as practicable, any information received by any official at the institution regarding incidents of hazing.
2. **Organizations must send this report to law enforcement and the affiliated institution as soon as practicable.**
3. This report contains un-redacted information, as required by Act 382 of 2019. Subsequent use and disclosure of this report remains subject to applicable laws and regulations, including and the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act.

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| INFORMATION ABOUT ORGANIZATION | | | |
| Name of Institution | | | |
| Name of Affiliated Organization(s) Relevant to the Incident | | | |
| Full Name and Title of Contact Official at the Institution | | | |
| Address | | | |
| Phone Numbers | Home | Cell | Work |
| INFORMATION ABOUT PERSONS(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED) | | | |
| Full Name: | | | |
| Attending Institution | | | |
| Affiliated Organization (Member or Pledge) | | | |
| Home Address | | | |
| Phone Numbers | Home | Cell | Work |
| INFORMATION ABOUT THE INCIDENT | | | |
| Date of Incident | Time | Police Notified | Yes _____ No _____ |
| Location of Incident- On Campus _____ Off Campus _____ | | | |
| Specific Location | | | |
| Description of Incident (what happened, how it happened, individuals involved, factors leading to the event, etc.) Be as specific, complete and accurate as possible and do not redact any information known to the institution official(s) (attach additional sheets if necessary) | | | |
| Were there any witnesses to the incident _____ Yes or, _____ No | | | |
| If yes, attach separate sheet with names, addresses and phone numbers | | | |
| Was anyone injured? If so, identify the individual and describe the injury (e.g. laceration, sprain, etc.) location of injury (e.g. upper arm, shoulder) and any other information known about the resulting injury | | | |
| Was medical treatment provided? _____ Yes _____ No _____ Refused If yes, where was treatment provided: _____ On site _____ Urgent Care _____ Emergency Room _____ Other | | | |



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| REPORTER INFORMATION | |
| Individual Submitting Report (Print Name) | |
| I hereby affirm that the information contained in this report is complete and accurate to the best of my knowledge. | |
| Signature_____ | Date_____ |
| FOR OFFICE USE ONLY | |

Report received by _____ Date _____
DOCUMENT ANY FOLLOW-UP ACTION AFTER SUBMISSION OF THE INCIDENT REPORT

List any follow-up action taken after submission of the incident report, date action taken, and by whom

| Date | Action Taken | By Whom |
|------|-----------------|---------|
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