



## HAZING REPORT FORM FOR ORGANIZATIONS

**NOTE:**

1. This standardized form, developed by the Board of Regents pursuant to Act 382 of 2019, is to be used by organizations affiliated with postsecondary institutions to report any information received by the organization 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 unredacted information, as required by Act 382 of 2019. Subsequent use and disclosure of this report remains subject to applicable laws and regulations, including the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act.

**Information About Organization:**

Name of Organization:

Affiliated Institution:

Name of Affiliated Parent or National Organization:

Full Name and Title of Contact Official at the Organization:

Address:

Phone Numbers: Home:

Cell:

Work:

**Information About Person(s) Involved in the Incident (Use Additional Forms for Each Person Involved):**

Full Name:

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  No

If yes, attach separate sheet with names, addresses, and phone numbers.

Was the individual 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

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 Report Completed: \_\_\_\_\_

**For Office Use Only:**

Report Received by: \_\_\_\_\_

Date: \_\_\_\_\_



**DOCUMENT ANY FOLLOW-UP ACTION TAKEN AFTER SUBMISSION OF THE INCIDENT REPORT**

Date	Action Taken	By Whom