

HAZING REPORT FORM FOR INSTITUTIONS

NOTE:

- 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. 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 INSTITUTION								
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 PERSON(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED)								
Full Name								
Attending Institution								
Affiliated Organization (Member or Pledge)								
Home Address	Home Address							
Phone Numbers	Home		Cell		Work			
INFORMATION ABOUT THE INCIDENT								
Date of Incident		Time		Poli	ce Notified	☐ Yes	□ No	
Location of Incident On campus Off- campus								
Specific Location								
Description of Insident / what have and have it have and individuals involved fortunal adjusts the control of the								
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)								
(attached additional sheets if necessary)								
(2000)								
Were there any witnesses to the incident? ☐ Yes ☐ 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 treatme	ent provided? \square Ves	□ No	☐ Refused					
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