



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 <u>Southern University - Baton Rouge</u>			
Name of Affiliated Organization(s) Relevant to the Incident <u>Alpha Phi Alpha - Beta Sigma Chapter</u>			
Full Name and Title of Contact Official at the Institution <u>Winton Anderson, Asst. Dir. Student Leadership</u>			
Address			
Phone Numbers	Home	Cell	Work <u>225-771-6217</u>
INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED)			
Full Name <u>See list attached for names of all persons involved</u>			
Attending Institution <u>Southern University Baton Rouge</u>			
Affiliated Organization (Member or Pledge) <u>Both members and candidates of Alpha Phi Alpha</u>			
Home Address <u>(Beta Sigma Chapter)</u>			
Phone Numbers	Home	Cell	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Incident <input type="checkbox"/> On campus <input checked="" type="checkbox"/> Off-campus			
Specific Location <u>Greenwood Park (13350 LA-Highway 19, Baker, LA 70714)</u>			
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) <u>The Office of Student Leadership was notified on Tuesday, March 23rd of an injury of a student [redacted]. It was stated that the injury was believed to be associated with physical hazing from members of the Beta Sigma Chapter of Alpha Phi Alpha. During this time, the office spoke with [redacted] to conduct wellness checks on all membership intake candidates. Shortly after our call, we were notified by [redacted] of the fraternity that he had been made aware of the hazing allegation and injury. The fraternity issued a Cease + Desist on March 24 via email and launched an investigation. On behalf of the Office of Student Leadership I [redacted] issued a Cease + Desist on March 24th. The Beta Sigma Chapter was ordered to stop ALL activity until an investigation was complete. See rest of statement attached...</u>			
Were there any witnesses to the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach separate sheet with names, addresses, and phone numbers. <u>Candidates were witnesses. List of candidates attached.</u>			



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.

[Redacted] sustained injury [Redacted] [Redacted]

Was medical treatment provided? ☒ Yes ☐ No ☐ Refused

If yes, where was treatment provided: ☐ on site ☐ Urgent Care ☐ Emergency Room ☒ Other

Doctor

REPORTER INFORMATION

Individual Submitting Report (print name) Winton Anderson

I hereby affirm that the information contained in this report is complete and accurate to the best of my knowledge.

Signature: [Signature] Date Report Completed: 3/26/2021

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

FORM A

INSTRUCTIONS: Pursuant to SU System Board of Supervisors' Policy #13-002, this form must be turned into the campus Office of Student Affairs as soon as practicable. Upon receipt, the Vice Chancellor for Student Affairs shall immediately forward to the System Office of the General Counsel. Any questions regarding this form or its contents shall be directed to the Office of the General Counsel at (225) 771-4680.