

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	T		T						
Phone Numbers	Home		Cell		Work				
INFORMATION ABOUT THE INCIDENT									
Date of Incident	nt Time			Poli	olice Notified		□No		
Location of Incident	☐ On campus		☐ Off- campus						
Specific Location									
Description of local-set (sub-at-homograph boss to be accounted to the local bost of the standard to the second state of the second state									
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)									
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 modical treatme	ont provided 2 \square Voc	□ No	☐ Refused						
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 Report Completed:									
	FOR OFFICE USE ONLY								
FOR OFFICE USE ONLY									
				ate					



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

Date	Action Taken	By Whom