



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 Southern University and A&M College
Name of Affiliated Organization(s) Relevant to the Incident Alpha Kappa Alpha Sorority, Inc. Beta Psi Chapter
Full Name and Title of Contact Official at the Institution Tiffany L. Freeman; Director of Student Leadership and Engagement
Address 801 Harding Blvd Student Union, 203 Baton Rouge, LA 70813
Phone Numbers Home Cell Work 225-771-5545

INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED)

Full Name Email signed- Concerned Member
Attending Institution Southern University and A&M College
Affiliated Organization (Member or Pledge) Alpha Kappa Alpha
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
No location given.

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)

The Division of Student Affairs received an email on Monday, March 15, 2021. The email made claims of post initiation hazing, in an effort for current members to be "MADE". The email further claims these actions have been present in the chapter for years. Additionally, there are allegations of hazing of prospective members. The email is attached.

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.

No injuries reported

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) Tiffany L. Freeman

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

Signature:

Date Report Completed:

3/15/2021

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.