



## 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: Alpha Phi Alpha- Beta Sigma Chapter				
Affiliated Institution: Southern University Baton Rouge Campus				
Name of Affiliated Parent or National Organization :Alpha Phi Alpha				
Full Name and Title of Contact Official at the Organization: _____				
Address 801 Harding Blvd Baton Rouge, LA 70807				
Phone Numbers	Home	Cell	Work	
INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED)				
Full Name _____				
Affiliated Organization ( <b>Member</b> or Pledge) _____				
Home Address _____				
Phone Numbers	Home	Cell	Work	
INFORMATION ABOUT THE INCIDENT				
Date of Incident 10/6-10/8/ 2025	Time 8pm-12am		Police Notified	X Yes      No
Location of Incident <input type="checkbox"/> On campus	<input checked="" type="checkbox"/> 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) (attached additional sheets if necessary)				
Between October 6–8, 2025, from approximately 8:00 PM to 12:00 AM, contestants in the Miss Black and Gold Pageant were instructed by _____ to meet off campus without the knowledge or approval of the chapter advisor. Contestants were instructed to wear all black clothing. They were required to travel in two cars to the off-campus location. Participants were made to perform _____ jumping jacks and other physical exercises for extended periods of time. Contestants were instructed to learn and recite the _____ of Alpha Phi Alpha Fraternity, Inc. and the poem "Excuses."				



Were there any witnesses to the incident?  Yes  No

If yes, attach separate sheet with names, addresses, and phone numbers. (List attached)

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.

None 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: Kelwin M. Williams- Dean of Students (SUBR)

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

Signature: *Kelwin M. Williams*

Date Report Completed: 10/23/2025

#### 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 B

**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



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*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.*