



## 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 (Member 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other
<b>REPORTER INFORMATION</b>
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: <i>Kelwin M. Williams</i> Date Report Completed: 10/23/2025
<b>FOR OFFICE USE ONLY</b>

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.***