



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 Beta Sigma Chapter of Omega Psi Phi			
Affiliated Institution Southern University (SUBR Campus)			
Name of Affiliated Parent or National Organization Omega Psi Phi			
Full Name and Title of Contact Official at the Organization [REDACTED]			
Address 725 N. Foster Dr. Baton Rouge, LA 70806			
Phone Numbers	Home	Cell [REDACTED]	Work
INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED)			
Full Name [REDACTED]			
Affiliated Organization (Member or Pledge) 8730 Lomond Rd New Orleans, LA 70127			
Phone Numbers	Home	Cell [REDACTED]	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident February 27, 2025	Time 12:15am	Police Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident <input type="checkbox"/> On campus Specific Location California Hardwood Floors	<input checked="" type="checkbox"/> Off- campus		
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) (attach additional sheets if necessary)			
Student [REDACTED] was punched and kicked while participating in an Omega Psi Phi Fraternity unsanctioned event at 3412 Woodcrest Dr. Ste. B, Baton Rouge, LA 70814. [REDACTED] was taken to Baton Rouge General Bluebonnet and pronounced dead at the hospital.			



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.
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. was injured from the kick and the punch.
Was medical treatment provided? <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Refused Yes If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input checked="" type="checkbox"/> Emergency Room <input type="checkbox"/> Other
REPORTER INFORMATION Individual Submitting Report (print name) Kelwin M. Williams- Dean of Students
I hereby affirm that the information contained in this report is complete and accurate to the best of my knowledge. Signature: _____ Date Report Completed: _____

Report Received by _____ Date _____

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

Date	Action Taken	By Whom
02/27	Issued a pause on all intake proceedings	Student Affairs
2/27	Issued a cease and desist to the Omega Psi Phi Fraternity	Student Affairs
2/27	Initiated investigation	Student Affairs

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 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.