



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 Nicholls State University			
Name of Affiliated Organization(s) Relevant to the Incident Sigma Gamma Rho			
Full Name and Title of Contact Official at the Institution Dr. Michele Caruso			
Address 201 Picciola Hall, Nicholls State University, Thibodaux, LA 70301			
Phone Numbers	Home	Cell	Work 985-448-4081
INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT (USE ADDITIONAL FORMS FOR EACH PERSON INVOLVED)			
Full Name [REDACTED]			
Attending Institution Louisiana State University			
Affiliated Organization (Member or Pledge) Alumni – advisor to Nicholls chapter			
Home Address [REDACTED]			
Phone Numbers	Home	Cell	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident March 11, 2022 (possibly other dates)	Time	Police Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Incident <input checked="" type="checkbox"/> On campus <input checked="" type="checkbox"/> Off- campus			
Specific Location Shaver Gym Dance Studio and possibly apartment off campus in another city.			
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) [REDACTED] is an alum of the Nicholls chapter and serves as an advisor. It was reported directly to University Police that she and possibly another alum (chapter unknown at this time) imposed sleep deprivation, forced calisthenics, and emotional distress on the two current pledges related to initiation preparation.			
Were there any witnesses to the incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach separate sheet with names, addresses, and phone numbers. Reports related to victims have been submitted.			
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			
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			
REPORTER INFORMATION			
Individual Submitting Report (print name) Michele Caruso			
I hereby affirm that the information contained in this report is complete and accurate to the best of my knowledge. Signature: [REDACTED] Date Report Completed: 3-13-22			
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
3-13-22	Chapter suspended pending administrative hearing	Dean of Students



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Full Name [REDACTED]			
Attending Institution Nicholls State University			
Affiliated Organization (Member or Pledge) Pledge			
Home Address [REDACTED]			
Phone Numbers	Home	Cell [REDACTED]	Work
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Specific Location Shaver Gym Dance Studio and possibly apartment off campus in another city.			
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) Another pledge reported directly to University Policy that there was hazing involving forcing them to drive to alternate locations, fatigue, possibly some embarrassing actions. Police are still gathering information and investigation is active. [REDACTED] will be interviewed by U.P.			
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. [REDACTED] (report submitted)			
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			
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			
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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) Pledge reported directly to University Policy that there was hazing involving forcing them to drive to alternate locations, fatigue, possibly some embarrassing actions. Police are still gathering information and investigation is active.			
Were there any witnesses to the incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach separate sheet with names, addresses, and phone numbers. It is believed there was another pledge. UP are planning to interview her.			
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			
Was medical treatment provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused			
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