




## 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: The Omicron Chi Chapter of Kappa Sigma			
Full Name and Title of Contact Official at the Institution Dr. Michele Caruso			
Address Student Affairs, P.O. Box 2040, Thibodaux, LA 70310			
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] (complainant)			
Attending Institution Nicholls State University			
Affiliated Organization (Member or Pledge) Both Member and Pledge (and alumni) The Omicron Chi Chapter of Kappa Sigma			
Home Address [REDACTED]			
Phone Numbers	Home	Cell [REDACTED]	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident: multiple	Time: multiple	Police Notified	X Yes <input type="checkbox"/> No today
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) Complainant stated at a past event he was brought into woods blindfolded [REDACTED] [REDACTED] Additionally, he indicated the event involved verbal harassment, requiring members to hold varying numbers of pickles in their mouths as punishment for not reciting information correctly, having food and drink thrown at them while in a car, and being forced to do physical activities such as push ups.			
Were there any witnesses to the incident? X Yes <input type="checkbox"/> No If yes, attach a separate sheet with names, addresses, and phone numbers. We are gathering witness names and will complete a list as well as additional forms with those identified as involved as soon as we have them.			
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: During his pledge year, [REDACTED] was taken to the woods blindfolded and not allowed to bring anything. [REDACTED]			
Was medical treatment provided? X Yes If <input type="checkbox"/> No <input type="checkbox"/> Refused yes, where was treatment provided: <input checked="" type="checkbox"/> on site (by other chapter members) <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: 		Date Report Completed: 10-6-22	



**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