

ANONYMOUS HAZING REPORT FORM

Fayetteville State University ("University") prohibits any form of hazing of its students, at any time, or at any location on or off campus, including University owned or leased property, private residences, or public property. The University defines hazing as pressuring or coercing a student into violating state or federal law, any brutality of a physical nature, such as striking in any manner, whipping, beating, branding, exposure to the elements, forced consumption of food, liquor, drugs, or other substances, or other forced physical activities that would adversely affect the health or safety of the student and also includes any activity that would subject the student to extreme mental stress, such as sleep deprivation, forced exclusion from social contacts, forced conduct that would be demeaning or results in extreme embarrassment or any other forced activity that could adversely affect the mental health or dignity of the student.

This form is designed to allow members of the campus community and others to report alleged incidents of hazing by any University student(s), student group(s), or student club(s)/ organization(s). Information submitted on this form may result in an investigation. Every attempt will be made to keep information submitted confidential. **The form may be submitted via email to lhadley@uncfsu.edu or taken to Suite 202 in the Collins Building.**

Please note that false reports impede the ability of University officials to meaningfully conduct investigations of legitimate incidents. Knowingly submitting a false report or misuse of this University form can result in disciplinary action.

Please provide the following information:

Your Name (optional) _____

Your Email Address (optional) _____ Your Phone Number (optional) _____

Organization in Question (required) _____

Date of Incident (if known) _____

Your Relationship to the Individual(s) Involved:

Active Member of the Organization in Question

New Member/Pledge of Organization in Question

Parent of New Member or Pledge or Active Member of Organization in Question

FSU Faculty/Staff Community Resident Other: _____

Description of the Incident (please provide as much detail as possible, including location, number/names of people involved, type of activity, etc.) Attach additional pages, if needed.
