

Program Name:

Faculty Leaders:

Date/Time of Incident:

Location of Incident:

Please select the Type of Incident below:

If Other, Please Describe

Name of Individuals involved in Incident:

Name:

Contact Info:

Name:

Contact Info:

Name:

Contact Info:

Description of Incident (What happened? Who was involved? Witnesses?):

Description of Action Taken:

Was medical attention needed? If so, please indicate any medical facility visited.

Who was contacted at the time of the Incident – local authorities?

Who was contacted at the time of the Incident – university staff?

What is current status of participants? Is Follow-up needed?

Any suggested measures that can be taken to avoid another similar incident?

Form Completed By (Name and Title):

Signature:

Date:

Copies of Incident Report should be distributed to the following:

Required: Office of Study Abroad, College/School Representative, Department Chair

If applicable: Risk Management, Public Safety, Student Affairs