

## Study Abroad Incident Report

**The site director, teaching faculty member or resident assistant should complete this report immediately after the incident. If the incident is witnessed by more than one of the above persons, all of them should submit separate reports.**

Today's Date: \_\_\_\_\_  
Name(s) of Student(s) Involved: \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
Date and Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
Faculty/Staff Person Completing Report and Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
Program Name: \_\_\_\_\_  
Others Involved: \_\_\_\_\_

Please check the appropriate box to indicate the nature of the incident:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol/Drugs                | <input type="checkbox"/> Theft             | <input type="checkbox"/> Assault of Student |
| <input type="checkbox"/> Injury/Illness               | <input type="checkbox"/> Arrest of Student |   |
| <input type="checkbox"/> Other, please specify: _____ |  |   |

Please describe the incident. Be as specific as possible, including all details. Use additional sheets if necessary.

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Action(s) Taken If Any: \_\_\_\_\_

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Signature of Reporting Person

\_\_\_\_\_  
Date

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Signature of Reported Person

\_\_\_\_\_  
Date