Faculty Led Off-Campus Program Incident Report Form for programs in the United States

You may e-mail CE (Michelle.Thibault@oneonta.edu) with this information and not use the form if it is more convenient. This form must be filled out for any emergency or non-emergency incident. Non-emergencies may be reported within 72 hours of the completion of the program. Emergencies should be reported immediately, and if you are calling UPD the information asked on this sheet will be helpful in explaining the incident.

Today’s date:_______________________________ Date of Incident:_______________________________

Place & Time incident occurred:
________________________________________________________________________________________

Name(s) of student(s) involved:_________________________________________________________________________________

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

☐ Alcohol/Drugs
☐ Theft
☐ Arrest of Student
☐ Assault of Student
☐ Injury/Illness
☐ Missing student
☐ Other, please specify:_________________________________________________________________

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

Names of Witnesses:_________________________________________________________________________

Were local authorities involved or contacted? (circle one) YES NO
If yes, name and contact information of local authorities:
Do you have a copy of the police report or other report? If yes, please attach
________________________________________________________________________________________

If sexual assault, is/was counseling available?
If sexual assault, is/was there a medical examination?
Is/was legal counsel available?

MEDICAL ISSUES:

Was medical attention sought? (circle one) YES NO
Where____________________________________________________________________________________

Describe issue:
Name and contact information of attending physician if known:

Diagnosis:

Are other students at risk? YES NO
Does the student want to return home? YES NO

Has the student’s emergency contact person been called? YES NO

Print name of reporting person:

Signature of reporting person:

Date: