Incident Report Form

| Incident Description: | | | |
|---|------------|-------------------------|-------------|
| Name of Program: | Today's | s Date: | |
| Time, Date, and Location of Incident/Accident: | | | |
| Name of Student(s) Involved: | | | |
| Nature of Incident: 1. How, when, and from whom did you hear about the incide | ent? | | |
| 2. Was medical attention offered to the student? If no, why not? | | Yes | No |
| Did the student accept the offer to seek medical atter If no, why not? | ntion? | Yes | No |
| If yes, where was the student taken? (Name and addre physician:) | ess of ho | ospital and atten | ding |
| What was the result? | | | |
| 3. Was the student offered assistance or encouraged to report international authorities? If no, why not? | t the inci | dent to local or Yes | No |
| Did the student accept the offer to contact authoritie If no, why not? | s? | Yes | No |
| If yes, what office was contacted? (name and address | of police | e station, consu | late, etc.) |
| What was the result? | | | |
| Communication: 1. Who reported the incident to PIC? | When? | | How? |
| 2. Who replied from PIC? | When? | | How? |
| 3. Who reported the incident to the student's family or guard | ian? | When? | How? |

Adapted from Indiana University's Incident Report Form.

a copy to PIC.

Follow-up information should include dates, times, persons contacted, actions taken, additional phone or contact numbers. Append such notes to a final report, keep them on file, and forward