

**XX Univ. Study Abroad Incident Report Form**  
**Submitted to International Programs Coordinator**

Today's Date:

Reporters Role (circle one):    Faculty            Staff            Student            Parent            Other \_\_\_\_\_

Contact information of Reporter (email & phone): \_\_\_\_\_

Program Name (If known): \_\_\_\_\_

Date of Incident:

Name(s) of those involved in Incident (If possible provide full name):  
\_\_\_\_\_  
\_\_\_\_\_

\*Student ID's of those involved in the incident, if known: \_\_\_\_\_

Local Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Others Involved in Incident: \_\_\_\_\_

Please check the appropriate box(es) to indicate the nature of the incident:

- Alcohol/Drugs
- Injury/Illness
- Theft
- Arrest of Student
- Assault of Student
- Other, please specify \_\_\_\_\_

Please describe the Incident, be as specific as possible, including all details (Attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any emergency contacts been contacted for any of the parties involved?            Yes    No    Unknown

What actions or steps have been taken so far? Have in country local authorities or U.S. Embassy staff been contacted?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What assistance, if any, is needed from XX Institution?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Student ID combined with name could pose security risk depending on submission format. Check with campus CIO for instructions.