

Faculty-Led Incident Report

PROGRAM INFORMATION			
Program Name		Name of Reporting Program Leader	
Number of Participants		Name(s) of other Program Leader(s)	
Duration of Off-Campus Travel (days)		Program Type	

INCIDENT INFORMATION					
Date of Incident		Time of Incident		AM PM	
Where did the incident occur? Please include address if known.					
Were you a victim or a witness of the event?					
Select all individuals involved in the event. (Hold CTRL or ⌘ key to select more than one)					
How many students were involved?					
Select nature of incident if known. You may choose more than one option. Please click here for an explanation of terms.					
Select critical incident category (if known).					
Did the incident result in the need for medical care?					
During what activity/ies did the incident allegedly occur? You may choose more than one option.					

<p>Were there any factors that contributed to the incident? You may select more than one option.</p>		
<p>Please describe the incident.</p>		
<p>Has this incident been reported by you or others within the program to any third party (police or local authorities, local staff/support service, insurance, parents, etc.)? If yes, please explain. Attach copy of police report if available.</p>		
<p>Please list other witnesses (if known).</p>	<p>Name</p>	<p>Relationship to Program</p>

Name: _____ **Date of Report:** _____

Signature: _____