

STUDY ABROAD INCIDENT REPORT FORM



General Information

Today's date: _____

Report filed by: _____
Name Title

Program: _____

Country: _____

Incident Information

Date of incident: _____ Time incident occurred: _____ Place incident occurred: _____

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Theft Resulting in Assault | <input type="checkbox"/> Assault of Student |
| <input type="checkbox"/> Serious Injury/Illness Resulting in Medical Care | <input type="checkbox"/> Arrest of Student | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Concern for Students Safety or Well-being | <input type="checkbox"/> Other, please specify: | |

Describe the incident. Use additional sheets if necessary. To protect students' medical privacy, please refrain from private sensitive medical details or diagnosis on this report. Please try to use general descriptive terms such as mental health crisis, assault or sexual assault, concern for students' safety/wellbeing, etc. Further information may be requested by appropriate individuals if necessary.

Name(s) & phone number of witnesses: _____

Was student reported to FAU Dean of Students via reporting link (<https://www.fau.edu/report/>)? (Check One) YES NO

MEDICAL EMERGENCY ONLY:

Was first aid administered? (Check One) YES NO

By whom? _____

Describe what was done: _____

**Provide Incident Report within 24 hours of incident occurring to either of the following:
Email Education Abroad Director at mmcshane@fau.edu or,
text photo of report to Education Abroad emergency cell phone at +1 561-212-6320.**