

## International & Domestic Faculty Led Program Incident Report Form

This form should be submitted to the Office of Global Education. 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. A Clery Reporting Form must also be submitted only if a crime was committed.

Today's date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Place & Time incident occurred:

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Name(s) of student(s) involved:

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

Alcohol/Drugs

Assault of Student

Theft

Injury/Illness

Arrest of Student

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?  YES  NO

If yes, name and contact information of local authorities: \_\_\_\_\_

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Do you have a copy of the police report or other report? If yes, please attach.  YES  NO

If sexual assault, is/was counseling available?  YES  NO

If sexual assault, is/was there a medical examination?  YES  NO

Is/was legal counsel available?  YES  NO

**MEDICAL ISSUES:**

Was medical attention sought?  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

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Print name of reporting person: \_\_\_\_\_

Signature of reporting person: \_\_\_\_\_

Date: \_\_\_\_\_