



STUDY ABROAD INCIDENT REPORT

The Study Abroad Office coordinates responses to incidents and emergencies for all A-State Study Abroad activities abroad. Faculty Leaders of all programs abroad are asked to submit this form when appropriate.

Please fill out this form as completely as possible. In the event of any legal action, this form will serve as the official college record of what transpired and what actions were taken by responsible college officials at the scene of the incident. Attach extra sheets as necessary and any documentary evidence.

This written report should be submitted electronically to the Study Abroad Director by email to jgomis@astate.edu. Serious incidents should be reported immediately by phone to the Study Abroad Director once appropriate action has been taken to secure the well-being of the impacted students, staff or faculty.

Today's Date: _____ Your Full name: _____

Your Position (if faculty/staff): _____ Your phone Number: _____

Nature of the Incident: (drop down menu): _____

- Alcohol Sexual Discrimination Medical-Mental Health
Behavioral Harassment Medical-prescription drugs
Civil/Political Unrest Exploitation Missing/Separated Persons
Crime - Arrest No-Consensual Contact Natural Disaster
Crime - Assault Non-consensual Intercourse Vehicle accident
Crime - Illegal drugs Medical-Illness Other: _____
Crime-Theft Medical-Injury

Date of Incident: _____ Location of Incident: _____

Time of Incident: _____ Were you present? [] Yes [] No

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

Name(s) of staff/faculty involved: _____

Description of what happened:

Who provided this description if you were not a witness? _____

If you were not present, when were you informed? _____

What actions did you take? _____

Did the incident result in medical care or hospitalization? If yes, please record name, address, and phone number of medical facility

Names and phone numbers of all physicians who examined or treated the student:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Exact names of any medications prescribed to the student (*please keep all packaging/inserts*):

Rx: _____

Rx: _____

Rx: _____

Was the student conscious and capable of making informed judgments about his or her medical treatment?

Yes No

If the student was not capable of making medical decisions, who made any decisions?

What, if any, follow-up care was recommended?

Was a local police report filed? Please save and submit with incident report) Yes No

Names and phone numbers of responsible legal authorities in charge of the case:

Name: _____ Phone: _____ Case #: _____

Was the U.S. or relevant embassy notified? Yes No

Name and number of responsible consular official involved in this incident:

Name: _____ Phone: _____

Dates/times of contact with Arkansas State University Study Abroad Office and/or parents:

Signature

Date

Time