INCIDENT REPORT
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Please fill out this form in as much detail as possible. Email the completed form to abroad@brandeis.edu. In the event of any legal action, this form will serve as the basic official college record of what transpired and what actions were taken by responsible program officials at the scene of the incident. Attach extra sheets as necessary and any documentary evidence. Submit the complete original report and all supporting materials to the Office of Study Abroad as soon as possible.

Program Name:

Program Term and Year:

Name of person submitting this form:

Date of Incident:

Time of incident:

Location of incident:

Were you present?

Name of student involved (please use a separate form for each student):

Names of other students involved:

Brief description of what happened:

Who provided this description if you were not the witness (please list all names):

If you were not present, when were you informed?

What actions did you take?

If the student was transported to a hospital or clinic, please provide the complete name of the facility, phone, fax, email, and address:

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

What, if any, treatment was given?
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Were any prescriptions prescribed? If so, please list below:

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

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

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

Were the police or legal authorities notified or present at the scene?

Note here if you are including a copy of the police report, if one was filed.

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

Case #:

Was the U.S. or relevant embassy notified? Name and phone number of responsible consular officials involved in this incident:

List of names and contact information of other authorities or personnel who were involved or contacted about the incident:

Dates/times of contact with the Office of Study Abroad:

Additional Comments:

Signature: _____________________________________________

Signature Date and Time: ________________________________

[Internal]
Date Received by the Office of Study Abroad: