



Office of Global Engagement 202 Quillian (706) 880-8429

Study Away Incident Report

The faculty member should complete this report immediately after the incident. If the incident is witnessed by more than one faculty accompanying this course, all of them should submit separate reports.

Faculty-Led Program Name: _____

Today's Date: _____

Date of Incident: _____ Location of Incident: _____

Time of Incident: _____ Were you present? Yes No

Name of participant(s) involved:

Name of other participant(s) involved:

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

- Alcohol/Drugs Robbery Assault of Student
 Injury/Illness Arrest

Other, please specify: _____

Please describe the incident. Be as specific as possible, including all details. Use additional sheets if necessary.

If you were not a witness, who provided this description? (List all names):

If you were not present, when were you informed?

Action(s) taken if any. Please be as detailed as possible:

Signature of Reporting Person _____ Date _____

