



OFFICE OF INTERNATIONAL EDUCATION

Incident Report

The purpose of this form is to report incidents that occur when an Albany State University student is on an education abroad or study away program. The submitted information is shared with the Office of International Education as well as the Emergency Management Team (EMT) in order to determine how best to respond or intervene.

Today's Date: _____

Reporters Role (Please circle one): Faculty / Staff / Student / Parent / Other: _____

Contact information of Reporter (email & phone):

Program Name (If known):

Date of Incident: _____

Urgency of Report (Please circle one): General / Critical

Name(s) of those involved in Incident (If possible provide full name)

Name: _____

Gender (Please circle one): M / F / Other: _____

Role (Please Circle One): Student of Concern / Witness / Other Involved Party

Student ID: _____

Local Time of Incident:

Location of Incident:

Others Involved in Incident:

Please circle to indicate the nature of the incident: Potential risk to self; Potential risk to others; Alcohol/Drugs; Theft; Arrest of Student; Assault of Student; physical or sexual assault; injury or medical illness; weapons, possession or use of illegal drugs, Other, please specify: _____

Please describe the Incident, be as specific as possible, including all details:

Have any emergency contacts been contacted for any of the parties involved? (Please circle): Yes / No / Unknown

What actions or steps have been taken so far? Be specific: _____

Have in country local authorities or U.S. Embassy staff been contacted? (Please circle): Yes / No

If yes, who?

What assistance, if any, is needed from Albany State University?

*Some information was adopted from the University System of Georgia International Education Office and University of North Georgia Center for Global Engagement