



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 (drop down arrow): Faculty Staff Student Parent Other \_\_\_\_\_

Contact information of Reporter (email & phone):

\_\_\_\_\_

Program Name (If known):

\_\_\_\_\_

Date of Incident:

Urgency of Report (drop down arrow for general or critical)

Name(s) of those involved in Incident (If possible provide full name), will have drop down arrows for gender (M,F, Other); drop down for role (student of concern, witness, other involved party), box for student ID:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Time of Incident:

\_\_\_\_\_

Location of Incident:

\_\_\_\_\_

Others Involved in Incident:

\_\_\_\_\_

Please check the appropriate box(es) 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

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

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\_\_\_\_\_ Have any emergency contacts been contacted for any of the parties involved? (Drop down box for Yes No Unknown)

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

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Have in country local authorities or U.S. Embassy staff been contacted? If so, who? (Drop down box for Yes, or no)\_\_\_\_\_

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

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