FAU Study Abroad/Exchange Program Incident Report Form

Today’s date: ______________________________________

Date of incident: _______________ Time incident occurred: _______________ Place incident occurred: _______________

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

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

☐ Alcohol/Drugs                ☐ Theft                    ☐ Assault of Student
☐ Injury/Illness              ☐ Arrest of Student
☐ Other, please specify:

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

Name(s) & phone number of witnesses: ________________________________________________________

Sanctions, if appropriate, placed upon student: ________________________________________________

☐ Verbal Warning (Describe) ________________________________________________________________

☐ Written Warning (Attach Copy)
☐ Referred to Student Affairs (Attach Copy)

MEDICAL EMERGENCY ONLY:

Was first aid administered? (Check One) YES ☐ NO ☐

By whom? ______________________________________________________________________________

Describe what was done: __________________________________________________________________

______________________________________

Was student taken to the hospital? (Check One) YES ☐ NO ☐

Report filed by: _______________________________ Name ________________________________________

Program: ___________________________________________ Title ________________________________

Country: ___________________________________________ ________________________________

Signature of Reporting Person ________________________________ Date __________________________

Please fax or email to the Office of International Programs [(561)-297-2850] within 48 hours of Incident Occurring