



**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
- Injury/Illness
- Other, please specify: \_\_\_\_\_
- Theft
- Arrest of Student
- Assault of Student

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

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Name(s) & phone number of witnesses: \_\_\_\_\_

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Sanctions, if appropriate, placed upon student: \_\_\_\_\_

Verbal Warning (Describe) \_\_\_\_\_

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- 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: \_\_\_\_\_

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

Report filed by: \_\_\_\_\_  
Name Title

Program: \_\_\_\_\_

Country: \_\_\_\_\_

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Signature of Reporting Person

Date