

STUDY ABROAD & FACULTY LED INCIDENT REPORT

This report is to be completed at the time that a Fairfield University student, staff, or faculty member communicates or is involved in an incident or disciplinary issue in connection with international travel on a study abroad program. Please fill out the form as completely as possible.

Please follow standard procedure to ensure that the correct offices are notified in the event of an emergency.

Date:		Time:											
Reported by:		Email:											
Type of Incident: <input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency <input type="checkbox"/> Other:													
Incident Date:		Incident Time:											
<u>Incident Location</u> (please be very specific):													
<u>Affected Participant(s)</u> : <input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other (specify): _____													
Name(s) of Involved Participants:													
Title of Study Abroad Program:													
Country:		City:											
Scheduled Program Travel Dates:													
<u>Incident Description</u> : <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Serious injury or illness</td> <td><input type="checkbox"/> Hospitalization for any reason</td> </tr> <tr> <td><input type="checkbox"/> Disciplinary issue</td> <td><input type="checkbox"/> Arrest or incarceration</td> </tr> <tr> <td><input type="checkbox"/> Natural disaster</td> <td><input type="checkbox"/> Missing person / Kidnapping</td> </tr> <tr> <td><input type="checkbox"/> Assault (physical / sexual)</td> <td><input type="checkbox"/> Robbery</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify):</td> </tr> </table>				<input type="checkbox"/> Serious injury or illness	<input type="checkbox"/> Hospitalization for any reason	<input type="checkbox"/> Disciplinary issue	<input type="checkbox"/> Arrest or incarceration	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Missing person / Kidnapping	<input type="checkbox"/> Assault (physical / sexual)	<input type="checkbox"/> Robbery	<input type="checkbox"/> Other (specify):	
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<input type="checkbox"/> Other (specify):													

Describe incident or situation (add an additional page, if necessary):

Summarize condition of affected participant(s):

Summarize of action taken:

Signed: _____ Date: _____

Please fill out as completely as possible and submit it to: **Public Safety**