



Georgia Gwinnett
COLLEGE

Office of Internationalization

EDUCATION ABROAD STUDENT INCIDENT REPORT FORM

TO BE SUBMITTED TO INTERNATIONALIZATION

Today's Date: _____ Time: _____

Name(s) of Student(s) Involved: _____

Student ID Number(s): _____

Date and Time of Incident: _____ Location of Incident: _____

Employee Completing Report and Contact Information: _____

Any Others Involved: _____

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

- Alcohol/Drugs Assault of Student Theft
- Injury/Illness Arrest of Student Other: _____

Please describe the incident. Be specific while including all details. Use additional sheets if necessary.

Action(s) Taken: _____

Follow-up Action(s) (if any): _____

Name of Reporting Person	Signature	Date
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Name of Reported Person	Signature	Date
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If other persons witnessed the incident, they should each submit a separate report.

Name of Witness	Signature	Date
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