

Off-Campus Study Incident Report Form

Staff Member: _____ Program: _____

Date: _____ Time of Incident: _____ am/pm Location: _____

Nature of Incident:

<input type="checkbox"/> Alcohol Violation	<input type="checkbox"/> Housing Concern	<input type="checkbox"/> Injury
<input type="checkbox"/> Assault/Fight	<input type="checkbox"/> Medical Concern	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Theft	<input type="checkbox"/> Drug Concern	<input type="checkbox"/> Counseling Concern
<input type="checkbox"/> Other: _____		

Were police notified ? ☐ Yes ☐ No Officer: _____

Was any other person notified? ☐ Yes ☐ No Name: _____

What Rhodes official was notified? ☐ Yes ☐ No Name: _____

Person (s) Involved	Class/Year
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_____	_____
_____	_____
_____	_____
_____	_____

Description of Incident (please be specific: who was involved?; what happened?; when did it happen?; where did it happen?)

*If the crisis/situation involved the entire group (i.e, change in itinerary, transportation problem, etc.), please draft a letter on behalf of the Dean of the College to be sent to all parents or those listed as emergency contacts.

Administrative Action:

