



Incident Report

SFSU Office of International Programs (OIP) & College of Extended Learning (CEL)

This report is to be completed when an incident occurs with any International travel/study program participant. This report is to be forwarded *immediately* via fax to the Office of International Programs (OIP) ATTN: Director of OIP or the Associate Director of OIP at (415) 338-6234 and to Short-Term Study Abroad Coordinator at (415) 338.7290. You may also call University Police 24 hrs/day at (415) 338-7200 to report this information to the University. Use additional sheets as needed.

Date: _____ Time: _____ Report Taken by (SFSU staff name) _____	Type of incident <input type="checkbox"/> Emergency <input type="checkbox"/> Non-emergency <input type="checkbox"/> Information <input type="checkbox"/> Other: _____
Date/time of Incident: _____ Contact person providing report: _____ Contact Phone number: _____	Affected participant is a: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Student <input type="checkbox"/> Staff </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Non-student <input type="checkbox"/> Other _____ </div> <input type="checkbox"/> Faculty
Name(s) of the participant(s) involved in the incident _____	
Title of Study Program City/Country Scheduled dates of program travel University sponsorship <input type="checkbox"/> State support (for credit, approved by OIP) <input type="checkbox"/> Non-state support (for credit, approved by CEL) <input type="checkbox"/> Affiliated with SFSU (i.e. Research assistant, et., approved by OIP)	Incident description <input type="checkbox"/> Serious injury or illness <input type="checkbox"/> Rape or assault <input type="checkbox"/> Missing participant or Kidnapping <input type="checkbox"/> Arrest or incarceration <input type="checkbox"/> Hostage situation <input type="checkbox"/> Political incident <input type="checkbox"/> Man-made or natural disaster <input type="checkbox"/> Death <input type="checkbox"/> Violation of University policies <input type="checkbox"/> Other: specify _____
Describe the incident or situation _____	
Summarize condition of the affected participant(s) (i.e. the physical and psychological condition of affected participant, imminent dangers or risks, proximity of event to affected participant, adequacy of food, housing, medical attention, etc.) _____	
Summary of any action taken (i.e. response taken by local authorities, medical attention provided, plans for evacuation, plans in the event the situation gets worse, etc.) _____	
Received by (name of OIP staff): Date/Time:	Copies to: