

## Program Incident Report

Either complete this form or provide a typed report by addressing each section as completely and legibly as possible. E-mail a copy of the report to Education Abroad at [abroad@ksu.edu](mailto:abroad@ksu.edu) as soon as possible. Submit the complete original report and all supporting materials upon return to Kansas State University.

Faculty leader name(s): \_\_\_\_\_

Name of person completing this report (if not the faculty leader):

\_\_\_\_\_

Date of incident: \_\_\_\_\_ Location of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_ Were you present? \_\_\_Yes \_\_\_No

Name(s) of program participant(s) involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were not a witness, who provided this description? (*List all names*):

\_\_\_\_\_  
\_\_\_\_\_

If you were not present, when were you informed?

\_\_\_\_\_  
\_\_\_\_\_

What actions did you take?

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If the participant was transported to a hospital or clinic, please provide the complete name of the facility, its phone number, date visited, and address:

Facility Name: \_\_\_\_\_

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Phone: \_\_\_\_\_ Date Visited \_\_\_\_\_

Address: \_\_\_\_\_

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Were the police or legal authorities notified of the incident or present at the scene?  Yes  No

If yes, please provide the names and phone numbers of responsible legal authorities in charge of the case:

Name(s): \_\_\_\_\_

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Phone: \_\_\_\_\_ Date Informed \_\_\_\_\_

Was the U.S. or relevant embassy notified?  Yes  No

If yes, please provide the names and phone numbers of responsible consular official(s) notified:

Name(s): \_\_\_\_\_

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Phone: \_\_\_\_\_ Date Informed \_\_\_\_\_

*Please Attach Additional Sheets as Necessary*