

Incident Report Form

Center for Global Education

In the event of a serious health or safety related emergency - call **CGE Emergency Phone 608.843.9397** immediately.

CGE Daytime Office Phone: 608-663-2285 (M-F except holidays; 8:00AM - 4:30 PM Central Time)

After you have called, or in the event of a less serious incident, please use this form to record details of the incident and submit to CGE as soon as possible. There is space at the end of this form to include additional pertinent information. Please send this form to the CGE at Edgewood College by email (sfriar@edgewood.edu), as well as keep a copy for your files on site.

Name of Program:

Your Name:

Today's Date (mm/dd/yyyy):

Local Time & Date of incident:

Name of Student(s) involved:

- I. **Nature of Incident:** (medical, theft, assault, etc.) Describe the incident. Include how and when you heard about the incident, the names of witnesses (if any) and their contact information if available.

- II. **Medical Incidents:** (if not applicable, skip to part III)

Was medical attention offered to the student?

Yes No

If yes, dates and times:

If no, please explain why:

Did the student accept the offer to seek medical attention?

Yes No

If no, please explain why:

II. Medical incidents continued:

If yes, where was the student taken? (Name and address of doctor / hospital)

What was the result?

III. Police or local authorities involvement: (if not applicable, skip to part IV)

Were the police or local authorities notified? Yes No

If yes, dates and times:

If no, please explain why:

If yes, describe who was notified, who initiated the notification, and the current status: Include with this report any documentation you may have, as well clarify if the student is a victim or an alleged perpetrator.

IV. Date and time of contact with Edgewood College personnel and/or emergency contacts:

V. Additional Information or Comments:

Report filed by:

Print name

Title

Signature

Date