

**University of Wisconsin Oshkosh  
Office of International Education  
Study Away Incident, Accident, Medical & Mental Health Report Form**

OIE Contact: +1-920-424-0775; [graff@uwosh.edu](mailto:graff@uwosh.edu) (copy oie@uwosh.edu)

**A program leader, assistant, participant, and/or any other witness or concerned person should complete ALL SECTIONS of this report immediately following any incident. Each witness should submit a separate report.**

Program Name: \_\_\_\_\_

**Is this incident ongoing/still occurring? YES NO**

Reporter Name		Cell Phone	Home Phone	
Home Address			Date of Incident, Accident or Initial Observation	
City	State	Zip	Hour (if known) _____ AM _____ PM	
Name of the Person Preparing this Report	Signature		Date	
_____	_____		_____/_____/_____	

What is the nature of this incident? Check any/all that apply. Use extra pages if necessary.

- |   |   |
|---|---|
| <input type="checkbox"/> Abuse (physical)<br><input type="checkbox"/> Abuse (sexual)<br><input type="checkbox"/> Alcohol<br><input type="checkbox"/> Arrest<br><input type="checkbox"/> Assault (physical)<br><input type="checkbox"/> Assault (sexual)<br><input type="checkbox"/> Drugs (list substance, if known: _____)<br><input type="checkbox"/> Illness (Is this a new illness? YES NO)<br><input type="checkbox"/> Intimidation (physical) | <input type="checkbox"/> Intimidation (verbal)<br><input type="checkbox"/> Mental Health-related<br><input type="checkbox"/> Misconduct<br><input type="checkbox"/> Physical Injury (Is this a new injury? YES NO)<br><input type="checkbox"/> Property Damage<br><input type="checkbox"/> Retaliation<br><input type="checkbox"/> Theft<br><input type="checkbox"/> Vandalism<br><input type="checkbox"/> Other, please specify: _____ |
|---|---|

**Use the incident log within this report to provide a full description of the incident/accident.**

If you believe there was intentional cause, please complete the following: I believe the motivation for this incident was

List everyone involved, beginning with you and including injured parties and witnesses. If the name of a person is unknown, write "unknown".

- Assign each person a "relationship" to the incident, if known (e.g. injured party, witness, offender, by-stander, etc.).
- Assign each person an "affiliation", if known (e.g. student, UW Oshkosh professor, UW Oshkosh staff member, host, etc.).
- Use extra pages if necessary.

Name	Relationship to the Incident	Affiliation to the Program
_____	<u>Reporter/</u> _____	_____
_____	<u>Injured Party</u> _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Incident location (check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> in program accommodation<br><input type="checkbox"/> outside on accommodation grounds<br><input type="checkbox"/> in or on host facility<br><input type="checkbox"/> off-site (not in program accommodation or in/on host facility) | <input type="checkbox"/> at a program-sponsored event<br><input type="checkbox"/> at a location visited while not with the group<br><input type="checkbox"/> other: _____ |
|--|---|

Specific Location Description (room, building, parking lot, venue, etc.)

At the time that this report is being completed, participants affected by this incident :

- need to be removed from the site
- do not need to be removed from the site
- have already left the site

What action(s) have been taken? Check any/all that apply. Use extra pages if necessary.

- Incident was reported to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Medical treatment was provided by (include contact details):
- Mental health treatment was provided by (include contact details):
- Participant declined medical treatment.
- Participant declined mental health treatment.
- Participant was asked to sign a behavior contract.
- Participant was dismissed from the program.
- Participant's course grade was affected.
- Physical evidence was submitted to \_\_\_\_\_
- Other: \_\_\_\_\_

**Incident Log**

What occurred? Give a timeline of occurrences by date. Use extra pages if necessary.

\_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one: exact date / approximate date)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one: exact date / approximate date)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one: exact date / approximate date)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one: exact date / approximate date)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one: exact date / approximate date)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one: exact date / approximate date)

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\_\_\_/\_\_\_/\_\_\_ (circle one: exact date / approximate date)

\_\_\_/\_\_\_/\_\_\_ (circle one: exact date / approximate date)

To the best of my knowledge, there was an official report filed by (check all that apply):

- police
- hotel security
- host institution staff
- other

If available to you, please add a copy of any official form/s to this report.

If you have specific recommendations on actions which should be taken to prevent recurrence and/or to resolve or follow up on any outstanding issues, list these here: