Incident Report Form

If a situation involving an actual or perceived threat occurs while you are in your internship, you are expected to inform your Site Supervisor and Coordinator of Experiential Learning immediately. You must also submit a written report (see below) within 24 hours of the incident and submit it to the Coordinator of Experiential Learning at the College.

Please respond to the questions below.

Incident Date ________________  Incident Day ____________  Time of Day ______________

**Location of Incident**

- [ ] Internship office
- [ ] Internship building
- [ ] Other organization
- [ ] In community/street
- [ ] Client’s residence/property
- [ ] Other

**Nature of Incident (check all that apply)**

**Physical Attack**

- [ ] Physical harm (please describe, including any medical attention needed)

**Verbal Abuse**

- [ ] Face to face
- [ ] Via telephone

**Sexual Harassment**

- [ ] Nature of Threat
- [ ] Method of Threat

*Continued on reverse*
Physical harm □  Face to face □
Property damage □  Written □
Inappropriate comments □  Telephone □
Inappropriate behavior □  Third Party □
Other □

Staff/Others involved in incident (please describe, providing names)

Witnesses (please describe, providing any known names)

Persons Informed (check all that apply)
- Internship Supervisor □
- Organization Staff Member(s) □
- College Internship Coordinator □
- Organization Administrator □
- College Faculty Member □
- Other □

Police Involvement (check all that apply)
- Police called following incident □
- Perpetrator arrested □
- Security person alerted or involved □
- Police report filed □
- Other formal legal actions taken □

Narrative Description (briefly describe what occurred and how you responded)

Submitted by __________________________
Date __________________________