



Off-Campus Program Incident Report Form

Name of Faculty Reporting: _____

Incident Information:

- Date: _____
- Time: _____
- Location: _____

Individual(s) Involved:

- Name: _____
- Name: _____
- Name: _____

Nature of Incident: (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Vehicle accident |
| <input type="checkbox"/> Other, specify:
_____ | <input type="checkbox"/> Assault |

Incident Description:

Be as specific as possible. Indicate the nature of the incident, how you learned about the incident, your response, authorities involved, resolution, etc. (Use reverse side if additional space is needed)

Submit OCP Incident Report Form to: Nick McKinney | Director, International Education Center

Email: nmckinney@whitworth.edu

**Append copies of all relevant and available medical/police/other reports & documentation*

CONFIDENTIALITY: *This form is a FERPA-protected educational record. As a general rule, only university officials with appropriate need-to-know may access this form (e.g., Dean of Students, Associate Provost).*