Incident Report

Please fill out this form as completely as possible. In the event of any legal action this form will serve as the basic official University record of what transpired and what actions were taken by the responsible University officials at the scene of the incident. Attach extra sheets as necessary and any documentary evidence. Fax a copy of your report to the Mellon Center (309-556-3408) as soon as possible. Submit the complete original report and all supporting materials to the Mellon Center upon your return to the United States.

Date of incident _____________   Location of incident ________________

Time of incident _____________   Were you present? ________________

Name of the student involved (please use a separate form for each student):

__________________________________________________________________________

Names of other students involved: _____________________________________________

__________________________________________________________________________

Brief Description of what happened: _____________________________________________

__________________________________________________________________________

Who provided this description if you were not a witness (please list all names):

__________________________________________________________________________

If you were not present, when were you informed? _____________________________

What actions did you take? __________________________________________________

__________________________________________________________________________

If the student was transport to a hospital or clinic, please provide complete name of the facility, its phone and fax numbers and address. _____________________________________________

__________________________________________________________________________

Names and phone numbers of all physicians who examined or treated the student

Dr. ___________________________   Phone: ___________________  

Dr. ___________________________   Phone: ___________________

(Turn over)
Exact names of any medications prescribed to the student (*please keep all packaging/inserts*):

Rx: ____________________________

Rx: ____________________________

Rx: ____________________________

Rx: ____________________________

Was the student conscious and capable of making informed judgments about his or her medical treatment?

________________________________________________________________________

If the student was not capable of making medical decisions, who made these decisions?

________________________________________________________________________

What, if any, follow-up care was recommended?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Were the police or legal authorities notified of the incident or present at the scene?

________________________________________________________________________

Names and phones numbers of responsible legal authorities in charge of the case:

__________________________________________ Case # ____________

Was the U.S. or relevant embassy notified? _________ Name and number of responsible consular officials involved in this incident: ________________________________

________________________________________________________________________

Dates/Times of contact with IWU and/or parents:

________________________________________________________________________

________________________________________________________________________

Signature ___________ Date __________ Time __________