



State University of New York
College of Environmental Science and Forestry

International Academic Program Incident Report

Student and program names will be kept confidential.

Today's Date: _____

Student Name: _____

Student ID#: _____

Date and Time of Incident: _____

Location of Incident: _____

SUNY-ESF Staff/Faculty Completing Report and Contact Information:

Name: _____ Contact Info: _____

Program Name: _____

Others Involved: _____

Please check the appropriate box to indicate the nature of the incident:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drugs | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Injury/Illness | <input type="checkbox"/> Arrest of Student | <input type="checkbox"/> Assault of Student |
| <input type="checkbox"/> Other, please specify: _____ | | |

Please describe the incident. Be as specific as possible, including all details. Use additional sheets if necessary.

Please scan and email (ois@esf.edu) to the attention of Thomas Carter or drop off at 110 Bray Hall.