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:

☐ Alcohol  ☐ Drugs  ☐ Theft
☐ Injury/Illness  ☐ Arrest of Student  ☐ Assault of Student
☐ Other, please specify: ________________________________

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

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