

STUDY ABROAD INCIDENT REPORT FORM



Incident Information

Date of incident: _____ Time incident occurred: _____ Place incident occurred: _____

Name(s) of student(s) involved: _____

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

..Alcohol/Drugs

...Theft/Resulting in Assault

..Assault of Student

Provide Incident Report within 24 hours of incident occurring to either of the following:
Email Education Abroad Director at mmcshane@fau.edu or,
text photo of report to Education Abroad emergency cell phone at +1 561212-6320.