

INCIDENT ABROAD REPORT

INCIDENT OCCURRED

DATE _____ TIME _____ a.m./p.m. LOCATION _____

NATURE OF THE REPORT (check all that apply)

- Physical Violence
 Theft/Lost Property
 Harassment
 Complaint
 Crime
 Vandalism
 Verbal Abuse
 Illness/Injury
 Guest Violation
 Sexual Abuse
 Forgery
 Hazing
 Cheating
 Self Endangerment
 Alcohol/Drugs
 Abuse of academic materials, facilities or technology
 Other _____

REPORTED BY

NAME _____ SIGNATURE _____ DATE _____

PEOPLE INVOLVED/WITNESSES (attach additional pages if necessary)

NAME (Last, First)	ADDRESS	TELEPHONE

RELEVANT INFORMATION

Please describe the incident/situation FULLY with as much detail and precision as possible. Attach additional pages if necessary.

Receiving signature _____ Date _____

Learning Abroad Center

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