Program Incident Report
Faculty-Led Study Abroad
UMass Amherst

Name of Person Completing This Report: ________________________________

Faculty-Led Program Name: __________________________________________

Please provide the following information listed in the bullet points, either by filling in this form as completely as possible or by sending an email report to the IPO Coordinator of Faculty-Led Programs, Stacy Lutsch (slutsch@ipo.umass.edu). In the event of any legal action, this information will serve as the official college record of what transpired and what actions were taken by responsible college officials at the scene of the incident and thereafter. Refer to the “Managing health and safety on your group while abroad” handout for more information, and attach any documentary evidence and extra sheets as necessary.

Program (Behavioral, Academic, Medical, Travel etc.) Incident Report should include:
• Date, Time and Location of Incident
• Name(s) of UMass student(s) and other participant(s) involved
• Description of what happened
  o What actions were taken?
  o Document the communication that took place between the faculty leader, IPO and/or participant’s emergency contacts.
    □ Who was contacted?
    □ What was the date and time?
    □ What was the information discussed?
• Was the faculty leader present? If not, who provided the description? If not, how and when was the faculty leader informed?
• Were the police or legal authorizes notified or present at the scene?
  o If yes, what is the case number?
  o Institution name and contact information (including: phone and fax number and physical address)
  o Name(s) of legal authorities who were informed of the incident
• Was the U.S. or local embassy notified?
  o Institution name and contact information (including: phone and fax number and physical address)
  o Name(s) of consular official(s) who were informed of the incident
• Was the program itinerary changed due to the incident? If so, how?

Medical incident report should also include:
• Copy of the medical documentation/receipts
• Institution name and contact information (including: phone and fax number and physical address)
• Name(s) of physician(s) who examined or treated the participant(s)
• List names of medications prescribed to participant(s) – Keep all packing/inserts.
• Mental state of participant(s)
  o Was the participant conscious and capable of making informed judgments?
  o If not, who made the decisions?
  o Was any follow-up recommended? If yes, then please explain.

A form is included below for ease of reporting, and it addresses all of the above topics. Either complete this form or provide an emailed report by addressing the bullet points. E-mail a copy of the report to the IPO Faculty-Led Programs Coordinator: slutsch@umass.edu as soon as possible. Submit the complete original report and all supporting materials immediately upon return to the United States.

Please complete a separate report for each student.
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UMass Amherst

I. Behavior Incident Report (Level Three Minor Incident)

Name of Person Completing This Report: ____________________________________________

Faculty-Led Program Name: ________________________________________________________

Date of Incident: ____________ Location of Incident: ________________ Time of Incident: ______

Name of UMass student(s) involved: ________________________________________________

Names of others involved: _________________________________________________________

Name of IPO/UMass person contacted: ______________________________________________

Brief description of what happened:

Is this a recurring event/pattern of behavior? If yes, describe past incidents:

Recommended sanctions:

Sanctions taken:

II. Incident Report for Levels Two and Three Incidents (Minor and Major Emergencies)

Name of Person Completing This Report: ____________________________________________

Faculty-Led Program Name: ________________________________________________________

Date of Incident: ______________ Location of Incident: _______________________________

Time of Incident: ________________________ Were you present? ☒ Yes ☐ No

Name of UMass student(s) involved: ________________________________________________

Names of others involved: _________________________________________________________

Brief description of what happened:

If you were not a witness, who provided this description? (List all names):
If you were not present, when were you informed?

What actions did you take? If this incident had Title IX implications, was IPO contacted? Was the student given the opportunity to speak with a confidential source as far as possible?

If the student was transported to a hospital or clinic, please provide the 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: ___________________________

Exact names of any medications prescribed to the student (*Keep all packaging/inserts*):

Rx: ___________________________ Dose: ___________________________
Rx: ___________________________ Dose: ___________________________
Rx: ___________________________ Dose: ___________________________
Rx: ___________________________ Dose: ___________________________

Was the student conscious and capable of making informed judgments about his/her medical treatment?  ___Yes  ___No
If the student was not capable of making medical decisions, who made any decisions?

Was any follow-up care recommended?  ______Yes  ______No
If yes, what was recommended?

Were the police or legal authorities notified of the incident or present at the scene?  _____Yes  _____No  If yes, case number: __________________________________________
If yes, names and phone numbers of responsible legal authorities in charge of the case:

Name: ___________________________ Title: ___________________________
Phone: ___________________________ Date Informed: ______________________

Was the U.S. or relevant embassy notified?  ______Yes  _____No
If yes, name and number of responsible consular official(s) informed of this incident:

Name: ___________________________ Title: ___________________________
Phone: ___________________________ Date Informed: ______________________
**Communications Log (document all contacts):**

Dates and times that Faculty Leader contacted IPO and/or participant’s emergency contacts:

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<tr>
<th>Faculty/Staff:</th>
<th>Contact person and type of communication (email, phone)</th>
<th>Date:</th>
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*Attach Additional Sheets as Necessary*