

Georgia State University Study Abroad Programs

Incident Report Form

Today's date: _____

Report filed by: _____
Name Title Contact Information

Program name and location: _____

Date and time of incident: _____

Specific location of incident:

Name and ID of student(s) involved:

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

- alcohol/drugs theft assault of student
 injury/illness arrest of student other (please detail below)

Description of incident:

Witnesses: _____

Formal charges (if applicable): _____

Sanctions placed upon student:
 Verbal warning (describe) _____
 Written warning (attach copy)
 Expulsion (attach copy)

*Please fax this form to the Study Abroad Programs Office (001-404-463-4841)
within 48 hours of incident.*