



UGA Study Abroad / Exchange 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: _____

UGA Staff/Faculty Completing Report and Contact Information: _____

Program Name: _____

Others 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 specify:

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