



SOUTHEASTERN
LOUISIANA UNIVERSITY

• INTERNATIONAL INITIATIVES •

Incident Report

Program Name: _____

Date and time of incident: _____

Location of incident (country, city, place): _____

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

Nature of incident:

- Alcohol/drugs
- Injury
- Illness
- Theft
- Behavioral
- Vehicle accident
- Assault of student
- Other (specify)

Description of event:

Witnesses:

Outcome:

Sanctions place upon student:

- Verbal warning (describe):

- Written warning (attach copy):

- Termination from program (attach copy):

Report filed by: _____