

Hofstra University
Study Abroad Incident Report

NAME OF PERSON(S) INVOLVED IN INCIDENT:			Please Circle:	
			Student	Employee
Name (Program Leader):	Date	Time	Location of Incident	
Trip Name:				
Details of Incident: (Nature of Incident e.g. Illness, Accident, Injury. Circumstances of injury, who was involved. Indicate additional information pertinent to the event.)				
What Actions Were Taken?: (What was done to protect the individuals & mitigate the situation? Indicate what government authorities were contacted (local authorities, US Embassy, Consulate or other US agencies).)				
Who from Hofstra was notified?:				
Was a Travel Agency Notified? If So, Which One & What Actions Did They Take?:				
Additional Pertinent Information: (Were there any witnesses? Did the Insurance Agency make any suggestions?)				
When completed, send to the Public Safety & Study Abroad Office. publicsafety@hofstra.edu & studyabroad@hofstra.edu				