Indiana State University
Career Center
Internship Incident Report

Career Center
INDIANA STATE UNIVERSITY

Date/Time/Location of Incident:

Date: _____ Time: _____ AM / PM

Location:

_____

_____
Please include address/city/state

Student's Information:

Name: _____ University ID Number: _____

Email: _____ Phone Number: _____

Description of Incident:

_____

_____

_____

_____

_____

_____

Nature & Extent of Injury: _____

_____

First Aid Given? Yes / No If yes, by whom_____

Was EMS Called? Yes / No

Individual Completing the Form:

Name: _____ Email: _____

Phone Number: _____

Signature: _____ Date: _____

Career Center Staff Use Only

Which campus and community constituencies did you contact?

___ Campus Police
___ Risk Management
___ Student Judicial Programs
___ Parents
___ Other, please indicate

___ Administration
___ Internship Site Supervisor
___ Internship Faculty Supervisor
___ Department Chairperson

_____

Comments:

_____

_____

_____

_____

_____

_____

How was the incident resolved?

_____

_____

_____

Signature: _____ Date:_____

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