In order to have a more comprehensive and ongoing assessment of student personal risk issues in the field, students are asked to complete the attached form when an accident occurs, when there is an incident involving personal threat or assault, or the risk of personal threat or assault, or when personal belongings are stolen while undertaking field internship assignments. The student should notify his/her field instructor and SSA field consultant when an incident occurs.

The purpose of this form is to collect data for risk management planning and in no way should substitute for the forms, processes or actions used by an agency, the school, and/or the university to respond to an incident. Completed forms should be returned to the Field Education Office. If there are any questions, please contact Bharathi Jayaram, Associate Director of Field Education, (773) 702-9418 or Nancy Chertok, Director of Field Education, at (773) 702-1178.

FIELD PLACEMENT INCIDENT

Name of Student_________________________________ Date: _________________

Field Placement: _________________________________________________________

Field Instructor: __________________________________________________________

SSA Field Consultant: _____________________________________________________

Describe the nature of the incident and the response to the occurrence:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of Incident _____________

Time of Day _________________

Location of Incident: _____________________________________________________

NATURE OF INCIDENT:

__ Accident
__ Threat of Harm
__ Verbal Abuse
__ Physical attack
__ Damage or loss of Property (Describe) _________________________________

Medical attention required? If so, please describe:
________________________________________________________________________
ALLEGED PERPETRATOR(S), if applicable: (specify relationship/title/name if known)
________________________________________________________

STAFF/OTHERS INVOLVED IN INCIDENT, if any, name/position:
________________________________________________________

WITNESS(ES): ___________________________________________

PERSONS INFORMED: (check all that apply)
___1. Field Instructor
___2. Agency Administrator
___3. Agency Staff
___4. SSA Field Consultant
___5. Director of Field Education
___6. Other _______________________________________________

POLICE INVOLVEMENT:
___1. Police called following incident
___2. Security person with staff at time of incident
___3. Perpetrator arrested
___4. Police report filed

Do you feel the incident was satisfactorily resolved?

Do you feel safe returning to your field placement?

Additional follow-up requested:

Submitted by:
Date Written:
Date Received: