Nursing Student Incident Report

Date/time of incident ________________________________

Student name ______________________________________

Course number and title in which incident occurred ________________________________

Exact location of incident ____________________________________________

Nature of incident ____________________________________________

Action taken and by whom ____________________________________________

Medical attention given, if needed ____________________________________________

Signature of person making report ____________________________________________

Date submitted ____________________________________________

NOTE: Course coordinator to keep one copy and send one copy to Assistant Dean for of Student Affairs.

Approved by Coordinating Council 1/10/11; revision approved by Dean’s Council 3/19/18