



## 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 \_\_\_\_\_

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Action taken and by whom \_\_\_\_\_

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Medical attention given, if needed \_\_\_\_\_

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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*