



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