



## 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*