

## **FIELD PLACEMENT INCIDENT REPORT FORM**

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.

It is imperative to note that 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 call either Natalie Tilghman, Field Placement Coordinator (for EEP students), (773)702-1141; Bharathi Jayaram, Associate Director of Field Education, (773) 702-9418, or Nancy Chertok, Director of Field Education, Field Office at (773)702-1178.

**School of Social Service Administration - University of Chicago**

**FIELD PLACEMENT INCIDENT REPORTING FORM**

Name of Student \_\_\_\_\_ Date: \_\_\_\_\_

Field Placement: \_\_\_\_\_

Field Instructor: \_\_\_\_\_

Field Consultant: \_\_\_\_\_

Briefly describe the nature of the incident and what the response was (accident, stolen property, physical or verbal harm or threat of harm):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF INCIDENT:**

- \_\_\_ Field agency office
- \_\_\_ Field agency building
- \_\_\_ Client's resident/property
- \_\_\_ Other community agency
- \_\_\_ In community/on street
- \_\_\_ Other

Day of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Day \_\_\_\_\_

**NATURE OF INCIDENT:**

**ACCIDENT** \_\_\_\_\_

**PHYSICAL ATTACK** \_\_\_\_\_

**THREAT OF HARM** \_\_\_\_\_

**VERBAL ABUSE**

\_\_\_\_\_ 1. Face to Face

\_\_\_\_\_ 2. Telephone

**THREAT**

\_\_\_\_\_ 1. Physical harm

\_\_\_\_\_ 2. Damage to property

**Method of Threat:**

- A. Face to Face
- B. Written
- C. Telephone
- D. Third Party
- E. Other

**DAMAGE OR LOSS OF PROPERTY (DESCRIBE)** \_\_\_\_\_

Medical attention required? If so, please describe:

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**ALLEGED PERPETRATOR(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Client          | <input type="checkbox"/> 5. Staff member    |
| <input type="checkbox"/> 2. Client's Spouse | <input type="checkbox"/> 6. Agency employee |
| <input type="checkbox"/> 3. Client's friend | <input type="checkbox"/> 7. Other _____     |
| <input type="checkbox"/> 4. Stranger(s)     | _____                                       |

**STAFF/OTHERS INVOLVED IN INCIDENT:**

\_\_\_\_\_ 1. YES                      \_\_\_\_\_ 2. NO

IF YES, WHO? (give name and position of person(s) involved, if known)

**WITNESS(ES):** (If there were any witnesses, describe and/or give name(s) if known)

**PERSONS INFORMED: (check all that apply)**

- \_\_\_ 1. Field Instructor
  - \_\_\_ 2. Agency Administrator
  - \_\_\_ 3. Agency Staff
  - \_\_\_ 4. Faculty Liaison
  - \_\_\_ 5. Director of Field Instruction
  - \_\_\_ 6. Other \_\_\_\_\_
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**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