



Travel Incident Report

In the event that an emergency or crisis arises during college sponsored travel, the lead full-time chaperone shall complete and submit this form to the responsible campus provost(s) and the VP SSEM no later than one (1) day upon return from the travel.

Date of Incident _____ Time of Incident: _____

Location of Incident _____

Name of Advisor/Chaperone(s) _____

Advisor/Chaperone(s) Title _____ Phone # _____

- Type of Incident** Missing Person (s) Injury/Illness Theft
 Fire Complaint/ Disturbance
 Other (Please Specify) _____

- Reported to Local Police State Police Campus Security
 Hospital Other (Please Specify) _____

- Arrests Yes No

Person(s) Involved in Incident:

1. Name _____ Phone _____ F/S Student
2. Name _____ Phone _____ F/S Student

Witnesses(s) Involved in Incident

1. Name _____ Phone _____ F/S Student
2. Name _____ Phone _____ F/S Student

Please attach additional page(s) to describe the incident

Authorizing Signatures

Campus/Lead Chaperone Signature	Print Name	Date
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