

# Washburn University Department of Social Work Practicum Incident Report

The student should complete this form if any of the following have occurred during the field placement: sexual harassment, personal injury, exposure to or contraction of serious infectious disease, damage to personal property. If you are unsure about completing this form, consult with your faculty liaison or call the Practicum Office at (785) 670-1616.

<b>Student:</b>	<b>Field Instructor:</b>
<b>Faculty Liaison:</b>	<b>Agency:</b>
<b>Date and Time of Incident:</b>	
<b>Description of Incident::</b>	

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<b>Name of all parties involved:</b>	<b>Relationship to agency:</b>
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**With who have you discussed this incident?**

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<b>Has a formal reports been filed with the agency?</b>	<b>YES</b>	<b>Date:</b> ____/____/200____
<b>NO (explanation):</b>		

(Complete other side)

**Describe action taken to date:**

**Are you satisfied with this action?**

<b>SIGNATURES</b>	<b>Date</b>
<b>Student:</b>	
<b>Field Instructor:</b>	
<b>Faculty Liaison:</b>	
<b>Field Coordinator for Agency:</b>	
<b>Director of Practicum:</b>	
<b>Director of BSW or MSW Program:</b>	