

**University of Tennessee College of Social Work
Personal Safety Incident Report
BSSW Program**

The student should complete this form if any of the following have occurred during the field placement: sexual harassment, personal injury by violent client or other persons, animal injury, exposure to or contraction of infectious disease, damage to personal property. If you are unsure about completing this form, contact your field consultant for advisement.

STUDENT: _____ AGENCY: _____

FIELD INSTRUCTOR: _____ FIELD CONSULTANT: _____

COURSE NUMBER: _____ DATE and TIME of INCIDENT: _____

DESCRIPTION of INCIDENT: _____

NAMES OF ALL PARTIES INVOLVED AND THEIR RELATIONSHIP TO AGENCY: _____

WITH WHOM HAVE YOU DISCUSSED THIS INCIDENT? _____

HAS A FORMAL REPORT BEEN FILED WITH THE AGENCY: _____

DESCRIBE ANY ACTION TAKEN TO DATE: _____

ARE YOU SATISFIED WITH THIS ACTION: _____

Signatures:

Student Date

Field Instructor Date

Field Consultant Date

Field Coordinator Date

BSSW Program Director Date