

# University of Tennessee College of Social Work Personal Safety Incident Report

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 LIAISON: \_\_\_\_\_

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 Liaison Date

\_\_\_\_\_  
Field Coordinator Date

\_\_\_\_\_  
Associate Dean Date

Return the completed form to the field coordinator at the U.T. College of Social Work.