THE UNIVERSITY OF TENNESSEE KNOXVILLE
COLLEGE OF SOCIAL WORK

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 & 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?

Yes ☐ No ☐ Other:

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

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