

# Berkeley Social Welfare

120 Haviland Hall #7400, Berkeley, CA 94720-7400 | [swfield@berkeley.edu](mailto:swfield@berkeley.edu)

## Practicum Education Incident Report

**Instructions:** Complete this report for ANY incident related to practicum education which MAY require first aid, medical attention, or otherwise necessitate a report to Berkeley Social Welfare. The Practicum Education Office will review this report upon receipt.

If you have difficulties with technology when completing this form, please email [swfield@berkeley.edu](mailto:swfield@berkeley.edu). If you have questions about how to respond to this form, please email [swfieldchair@berkeley.edu](mailto:swfieldchair@berkeley.edu).

### Reporter Information

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Role of Reporter (check one):  UC Berkeley Faculty  UC Berkeley Staff  UC Berkeley Student

Agency Staff Member  Field Instructor Assigned to UC Berkeley Student

### Student Information

Name:

	<i>Last</i>	<i>First</i>	<i>M.I.</i>
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Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Incident Information

Date of Incident: \_\_\_\_\_ Time of Day: \_\_\_\_\_  A.M.  P.M.

Location of Incident: \_\_\_\_\_

Name of Person in Charge of Area or Activity at Time of Incident: \_\_\_\_\_

Email of Person in Charge of Area or Activity at Time of Incident: \_\_\_\_\_

UC Police Called? Yes \_\_\_\_\_ No \_\_\_\_\_ Student Declined to Talk with Police Yes \_\_\_ No\_\_ N/A \_\_\_  
Non-UC Police Called? Yes \_\_\_\_\_ No \_\_\_\_\_ Student Declined to Talk with Police Yes \_\_\_ No\_\_ N/A \_\_\_

Was the student physically injured? Yes \_\_\_ No \_\_\_

If physically injured, was the student transported to a hospital? Yes \_\_\_ No \_\_\_

If student was physically injured and transported to a hospital, name the hospital: \_\_\_\_\_

**INCIDENT DESCRIPTION:** Please describe the incident of concern, including relevant circumstances or conditions (environment, weather, etc.) that might have been a factor. Please indicate whether the incident involved objects, other people and/or violations to the *NASW Code of Ethics*.

**DESCRIPTION OF PHYSICAL INJURY:** Please describe any physical injury, including location on the body. If this incident did not result in physical injury, please write "N/A."

**DESCRIPTION OF ASSISTANCE OFFERED:** Please describe any information, referrals and/or first aid provided to the student.

**For UC Berkeley Employees Only**

Did you report to, or consult with any of the following campus programs about this incident (check all that apply)?

- CAPS  CARE Report  DSP  GSAO/advisor  Legal/Risk  OPHD  UHS  Other

Please list other: \_\_\_\_\_

Did you refer the student to any of the following resources (check all that apply)?

- CAPS  DSP  GSAO/advisor  OPHD  Path to Care  Student Legal Services  UHS  Other

Please list other: \_\_\_\_\_

**For Off-Campus Practicum Employees Only**

Did you provide the student with any resources? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list resources provided: \_\_\_\_\_

Did you report this incident to any other person in your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the person's name: \_\_\_\_\_ and email address: \_\_\_\_\_

Did you report this incident to any other person or department at UC Berkeley? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the person/department's name: \_\_\_\_\_ and email address: \_\_\_\_\_

**Submission of Report**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature

Date

:

:

**Report Review**

Name of Reviewer: \_\_\_\_\_

Title of Reviewer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Reviewer comments:

*I certify that I have reviewed this report in its entirety and have taken appropriate action.*

Signature

Date

e:

:

\_\_\_\_\_