



# Marshall University School of Medicine Critical Incident Report

## Medical Student Critical Incident Report

Name of Student: \_\_\_\_\_

This student has exhibited unacceptable behavior in the following area(s):

*Check all that apply.*

\_\_\_\_\_ *Communication skills*    \_\_\_\_\_ *Knowledge*    \_\_\_\_\_ *Professionalism*    \_\_\_\_\_ *Leadership*  
\_\_\_\_\_ *Attitude*    \_\_\_\_\_ *Skill Level*    \_\_\_\_\_ *Humanism*    \_\_\_\_\_ *Teaching*  
\_\_\_\_\_ *Other, please indicate* \_\_\_\_\_

Description:

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SIGNATURE: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
OFFICE OF CURRICULUM & ACADEMIC AFFAIRS  
1600 MEDICAL CENTER DRIVE, SUITE 3400  
HUNTINGTON, WV 25701-3655  
PHONE: 304-691-1731    FAX: 304-691-1740