

Please return this form to:
Office of Academic Affairs
1600 Medical Center Drive, Suite 3400
Huntington, WV 25701-3655
Phone: 304-691-1731 Fax: 304-691-1740



Incident Report Form

Student: _____

Date of Incident: _____

Check all that apply:

_____ Academic Dishonesty

_____ Inappropriate interaction with patient

_____ Tardy or did not show for

_____ Assignments turned in late

_____ Inappropriate interaction with staff/ resident/attending

assigned responsibility

_____ Exceeded attendance policy (of > 2 days)

_____ Insubordination

_____ Health concern

_____ Lack of effort/interest

_____ Inappropriate Dress

_____ Misuse of patient information

_____ Other: _____

Description:

Action(s) Taken:

_____ Informed student of problem by e-mail/in writing

_____ Met with student and documented feedback provided

_____ Pulled from responsibilities and documented rationale

_____ Other: _____

Signature: _____ Printed Name: _____ Date: _____