



University of Tennessee College of Social Work

Field Placement Safety Incident Report Form

Students should complete this Field Placement Safety Incident Report if any of the following have occurred during the field placement: personal injuries, including but not limited to, those caused by a client or other person or an animal, harassment* or discrimination, or damage to or loss of personal property. If you are unsure about completing this form, contact your UTK Field Coordinator for advisement. (*Under Title IX, students are not required to report incidents of sexual harassment if they do not wish to. However, Field Coordinators are mandatory reporters. See <https://titleix.utk.edu/students/> for more information.)

This purpose of this form is to collect data for risk management and safety planning and in no way should substitute for the forms, processes, or actions used by the Agency, the College of Social Work, or the University of Tennessee to respond to a safety incident.

When a safety incident occurs, the following process should be followed:

- 1) Student notifies Agency Field Instructor about the incident and follows any agency policies related to the incident.
- 2) Student notifies UTK Field Coordinator about the incident and submits Incident Report Form to the UTK Field Coordinator.
- 3) Field Coordinator communicates with Field Liaison, Field Instructor and others regarding the incident.
- 4) Field Coordinator signs off on the Incident Report form and submits it to the Director of Field Education.
- 5) Director of Field Education signs off on the Incident Report form and sends a final signed copy to the appropriate Program Director, the Associate Dean of Academic Affairs and the assigned Field Coordinator.

Student: _____ Agency: _____

Field Instructor: _____ Field Liaison: _____

Field Coordinator: _____

Date of Incident: _____

Time or Approximate time of Incident: _____

Location of Incident: _____

Description of Incident:

Names of all parties involved and their relationship to Agency:

Persons informed of this incident (select all that apply):

___ Field Coordinator ___ Field Liaison ___ Field Instructor ___ Agency Administrator (list name below)

___ Agency staff (list name below) ___ Other (list name below)

Agency Administrator Name: _____

Agency staff name: _____

Other name: _____

Has a formal report been filed by the Agency?

Yes No Other:

