

# University of Nevada Las Vegas School of Social Work

## FIELD PRACTICUM INCIDENT REPORT

Name of Student:

Date of Incident:

Time of Incident:

Agency/Organization:

Field Instructor:

Preceptor Name (if applicable):

Other Agency Staff involved in the incident:      YES      NO

Name of Staff Involved:

Field Liaison:

Contacted?   YES   NO   Date:

Where did the incident occur?

What happened?

Was medical care sought or required? If yes, please explain. \_\_\_\_\_

Did a debriefing meeting occur with the student, the Field Instructor, & site supervisor?

Is a further plan of action necessary? If yes, please describe your plans to address these needs or concerns.

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Student Signature	Date
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Field Instructor Signature	Date
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Preceptor Signature	Date
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Liaison Signature	Date
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Field Education Director Signature	Date
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Please send this to the School of Social Work

- Fax: (702)-895-4079

- Email: [socialworkfield@unlv.edu](mailto:socialworkfield@unlv.edu)