

## **APPENDIX J**

### **DOMINICAN UNIVERSITY GRADUATE SCHOOL OF SOCIAL WORK**

#### **FIELD PLACEMENT INCIDENT REPORT**

Students are asked to complete the attached form when an incident involving personal threat or assault, or the risk of personal threat or assault, occurs in the performance of field internship assignments. Anticipating that the occasions to use this form will be seldom, it will still be helpful for a comprehensive and regular assessment of student personal risk issues in the field.

The purpose of the form is to collect data for risk management planning as an ongoing help for assessing and assigning field placements for our students. It is not a substitute for the forms that may be required by an agency, the University, or legal authorities.

Completed forms should be returned to the Faculty Field Liaison and the Field Work Director.

**Please return this form via fax or you may drop this form at the Graduate School of Social Work. Please ensure that this form is sent to the attention of your assigned D.U. field liaison. If you are unsure of whom your assigned liaison is or if you have any additional questions, please contact the Field Work Director for assistance. In addition, please retain a copy for your review. Thank you.**

**Dominican University Graduate School of Social Work, Priory Campus  
7200 W. Division River Forest, IL 60305 (Fax) 708-366-3446**

DOMINICAN UNIVERSITY  
GRADUATE SCHOOL OF SOCIAL WORK

**FIELD PLACEMENT INCIDENT REPORT FORM**

LOCATION OF INCIDENT:

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Field Agency Office         | Day of Incident _____  |
| <input type="checkbox"/> Field Agency Building       | Date of Incident _____ |
| <input type="checkbox"/> Client's Residence/property | Time of Day _____      |
| <input type="checkbox"/> Other Community Agency      |                        |
| <input type="checkbox"/> In Community/on Street      |                        |
| <input type="checkbox"/> Other _____                 |                        |

NATURE OF INCIDENT:

**PHYSICAL ATTACK**

1. Physical harm
- Medical attention needed? If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Damage to property (describe) \_\_\_\_\_  
\_\_\_\_\_
3. Other \_\_\_\_\_

**VERBAL ABUSE**

1. Face-to-face
2. Telephone

**THREAT**

1. Physical harm
2. Damage to property

Method of threat:

- |  |   |
|--|---|
| <input type="checkbox"/> A. Face-to-face | <input type="checkbox"/> D. Third party |
| <input type="checkbox"/> B. Written      | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> C. Telephone    | _____                                   |

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