



**THE CATHOLIC UNIVERSITY OF AMERICA**

*National Catholic School of Social Service*  
Washington, DC 20064  
202-319-5458  
Fax 202-319-5093

**Please return to: Office of Field Instruction**

**REPORT OF CRITICAL INCIDENT**

**Part I**

**Reported by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Date/Time Incident Occurred:** \_\_\_\_\_

**Location/Place:** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

**Address of Agency:** \_\_\_\_\_

**Name of Field Instructor:** \_\_\_\_\_

**Name of Field Liaison:** \_\_\_\_\_

**Part II - Type of Incident**

**Persons Involved:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Persons Involved:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Persons Involved:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Part III - Details of Incident (Who, What, Where, When, Why)**

---

---

---

---

---

**Part IV - Action(s) Taken (if any) [include when and by whom]:**

---

---

---

---

---

---

---

---

---

---

**(Note: Attach separate sheet for additional information, if necessary)**

**Part V - (For NCSSS Administrative Use ONLY)**

**Reviewed by:** \_\_\_\_\_

**Director of Field Instruction** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reported to:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Associate Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

---

**Note: Attach separate sheet for additional information if necessary.**