

Emergency Action Report Form

University of Missouri-Kansas City: International Academic Programs Study
Abroad Program

Email this form to International Academic Programs international@umkc.edu and the *Title IX Coordinator** (if appropriate) within 48 hours of signing**

It is critical to obtain detailed information regarding names, locations, times, witnesses, etc. The log should be updated as the situation develops and submitted to International Academic Programs.
Specific information to be collected will include:

Today's date: _____

Name(s) of participant(s) involved: _____

Date, time and location of incident: _____

Brief summary of emergency:

Witnesses: _____

The following assistance has been offered to the participant(s) involved in the crisis:

I have notified the following people regarding the situation:

Report filed by: * _____
Faculty Program Director Signature Printed Name Date

Program: _____ Country: _____

****In addition to [IAP](#), include UMKC's [Title IX Coordinator](#) when submitting an incident report relating to sexual assault or sexual harassment**