J-1 Exchange Visitor Incident Reporting

Departments must promptly notify the OISS of any serious incident or allegation involving a J-1 Exchange Visitor sponsored by Washington University in St. Louis the **same day** the incident or allegation occurs.

Incidents are defined as situations that have or could endanger the health, safety, or welfare of an exchange visitor or otherwise could be expected to bring the Department of State, the Exchange Visitor Program, or Washington University’s exchange visitor program into notoriety or disrepute.

Examples of reportable incidents or allegations include, but are not limited to:

* J-1 Death
* J-1 is Missing
* J-1 Suffers Serious Illness or Injury (e.g., brain injury, severe burn, major surgery, communicable disease, serious mental health incidents, any condition requiring hospitalization of 48 hours or more, etc.)
* Litigation (related to a sponsor’s exchange visitor program, in which sponsor or an exchange visitor may be a named party)
* Incident Involving the Criminal Justice System (e.g., arrest, charges, law enforcement, etc.)
* Sexually-Related Incidents or Abuse (an incident or allegation involving sexual exploitation, harassment or abuse)
* Negative Press involving Washington University or a Washington University department
* Foreign Government Involvement (including embassy officials)
* Other Situations Impacting J-1 Safety (e.g., natural disasters, civil unrest, outbreaks of violence)

# J-1 Exchange Visitor Incident Report

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| --- | --- | --- | --- |
| **Today’s Date:** |  |  |  |
| **REPORTER INFORMATION** | | | |
| Name: |  | Title: |  |
| Email: |  | Telephone Number: |  |
| **J-1 EXCHANGE VISITOR INFORMATION** | | | |
| J-1 Last Name: |  | J-1 First Name: |  |
| DOB: |  | SEVIS Number: |  |
| Program Start Date: |  | Program End Date: |  |
| Department where J-1 is working/studying: |  | | |
| Other Parties Involved:  (contact information) |  | | |
| **SUMMARY** | | | |
| Date of Incident: |  | | |
| Nature of Incident: |  | | |
| Brief Narrative:  (Timeline of Events) |  |  |  |
| **ACTION TAKEN** | | | |
|  | | | |
| **NEXT STEPS / PROPOSED SOLUTION** | | | |
|  | | | |

Once complete, return this form promptly to the OISS.

[oiss@wustl.edu](mailto:oiss@wustl.edu) ; FAX: 314-935-4075 ; deliver to our office