

SABA UNIVERSITY SCHOOL OF MEDICINE

UNPROFESSIONAL CONDUCT INCIDENT REPORT

This form is for the use of any patient, patient’s family member, staff member, etc. who would like to file a complaint against a Saba University medical student.

Student’s Name: _____ Today’s Date: _____

Clinical Site/Hospital: _____ Service: _____

Date of Incident: _____

Description of Incident:

Are you aware of the student previously demonstrating similar behavior? ____ Yes ____ No

If yes, please indicate date: _____

Signature of person filing report: _____

Would you be willing to confidentially discuss this matter with one of the Clinical Deans either by email or telephone? _____ Yes _____ No

If yes, please provide your email address and/or telephone number below.

Email: _____

Telephone: _____

Please return completed form to Dr. Michael Eliastam, Associate Dean of Clinical Medicine, at m.eliastam@saba.edu.

Thank you.