

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 Name: _____

Today's Date: _____

Clinical Site / Location: _____

Service: _____

Date of Incident: _____

Description of Incident:

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

If yes, indicate date: _____

Signature of person filing report: _____

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

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

Email: _____

Telephone: _____

Please return completed form to Dr. Rock Ripple, Associate Dean of Clinical Medicine at r.ripple@saba.edu.

Thank you.

