J-1 Incident Report Form

The Department of State now requires that Exchange Visitor Program sponsors report serious incidents involving J-1 students and scholars to the Office of Private Sector Exchange Administration’s Academic and Government (OPA-AG) unit, within 24 hours of their occurrence. In order to fulfill this obligation, the Office of International Affairs requests that J-1 students and scholars complete this form and sign and date on page 2.

First Name: ______________________________________________________________

Last Name: __________________________________________________________________

Campus ID: __________________________________________________________________

Date of Birth (mm/dd/yyyy): ______________________________________________________

I am a: [ ] J-1 Student [ ] J-1 Scholar

☐ By checking this box I confirm my understanding that Ohio State is required to report the following incidents to OPA-AG:

• Exchange Visitor Death

• Exchange Visitor Missing

• Exchange Visitor 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 a sponsor’s exchange visitor program

• Foreign Government Involvement (including embassy officials)

• Other Situations Impacting Exchange Visitor Safety (e.g., natural disasters, civil unrest, outbreaks of violence)
☐ By checking this box I agree to report to OIA (via e-mail, phone, or in person), within one business day, the following incidents concerning myself which occur during my time as a J-1 student or scholar at Ohio State:

- 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 in which I am a named party
- Incident in which I am involved, relating to the Criminal Justice System (e.g., if I am arrested, charged, or otherwise involved with law enforcement, etc.)
- Sexually-Related Incidents or Abuse (an incident or allegation involving sexual exploitation, harassment or abuse)
- Negative Press (e.g., a newspaper article in which I am identified by name, in regards to something that could give a negative impression of the Exchange Visitor Program)
- Contact with my Foreign Government (e.g., my home country’s embassy in the U.S.), in regards to a negative situation in which I am involved
- Any other situation having a serious impact on my safety

Printed Name: __________________________________________________________
Signature: __________________________________________________________________
Date: ______________________________________________________________________