



Note: all Items and Sections noted in **bold italics with an asterisk** are required fields and **MUST** be completed

Submitter's FIRST Name: _____ Submitter's LAST Name: _____

Phone Number: _____ Email Address: _____

School / Building* : _____

Date of Incident*: (m/d/y) _____ **Time of Incident***: (use 24-hour clock e.g. 1:15 pm is 13:15) _____

Section ONE: LOCATION*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administration Office | <input type="checkbox"/> CTS Lab | <input type="checkbox"/> In Transit to or from School | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Boot Room / Mud Room | <input type="checkbox"/> Drama / Arts / Theatre | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Staff Parking Lot |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Exterior Stairs | <input type="checkbox"/> Off-Site | <input type="checkbox"/> Student Parking Lot |
| <input type="checkbox"/> Concession / Cafeteria | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Playing Field | <input type="checkbox"/> Tarmac |
| <input type="checkbox"/> Creative Playground | <input type="checkbox"/> Hallway / Stairwell | <input type="checkbox"/> Science Lab | <input type="checkbox"/> Washroom |
| <input type="checkbox"/> Other (specify) _____ | | | |

If Off-Site, State FACILITY Name: _____

Address: _____

City: _____ **Postal Code:** _____

Provide more details, if necessary: _____

Section TWO: INCIDENT INFORMATION* *Description of Incident (detailed narrative)*

First Reported to **FIRST Name:** _____ **LAST Name:** _____

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Area Director | <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Secretary / Support Staff | <input type="checkbox"/> Team Leader |
| <input type="checkbox"/> Assistant / Vice Principal | <input type="checkbox"/> Non School based Department Head | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Parent | <input type="checkbox"/> Support Counselor | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher | |

Supervisor **FIRST Name:** _____ **LAST Name:** _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Area Director | <input type="checkbox"/> Non School Based Department Head | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Team Leader |
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Principal | <input type="checkbox"/> Support Counselor | <input type="checkbox"/> Vice / Assistant Principal |
| <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Secretary / Support Staff | <input type="checkbox"/> Teacher | <input type="checkbox"/> Volunteer Supervisor |

Incident Information Details*

Type of Incident

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Alleged Employee Misconduct | <input type="checkbox"/> Internal Lockdown | <input type="checkbox"/> Police Incident | <input type="checkbox"/> Student Behavior (No Injuries) |
| <input type="checkbox"/> External Lockdown | <input type="checkbox"/> Parental Disagreement | <input type="checkbox"/> School Evacuation | <input type="checkbox"/> Other (specify) _____ |



INCIDENT REPORT

If External or Internal Lockdown, choose one of the following:

Armed Intruder Intruder Local Emergency Other (specify) _____

If School Evacuation, please choose one of the following:

Bomb Threat Flood Utility Failure Weather (extreme)
 Fire Health / Safety Matter Hail Other (specify) _____

Impact High Medium Low

Did the police contact you? Yes No

People Contacted

Agency Director Health Region Security Services
 Child Welfare Worker Police Student's Family / Legal Guardian
 Crisis Unit Probation Officer Therapist
 Other (specify) _____

District/Board Resources (if reports were sent)

Area Superintendent Human Resources Labour Relations Risk Management
 Health and Safety Instructional Services Maintenance Department Secretary-Treasurer
 Other (specify) _____

Were there any injuries*? Yes No Is there an individual involved in this incident**? Yes No Number of People Involved

Recommended Resolution _____

CHECK if media has been involved or likely to be involved CHECK if legal action has been threatened

Section THREE: INVOLVED PERSON (if applicable)

FIRST Name*: _____ LAST Name*: _____

Phone Number: _____ Email Address: _____

Gender of Person Involved*: Male Female Unknown Date of Birth (m/d/y) _____

Involved Person is a*:

Contractor Parent Student Volunteer
 Employee Pedestrian Visitor Other (specify) _____

Was this person injured? Yes No

- If there are injuries, Please complete Section 3 of the Student / Employee or Contractor / Volunteer / Visitor Accident / Injury Report and attach to this form
- If there is a Hazard associated with this incident, complete a Hazard Report and attach to this form

Section FOUR: WITNESS* (Use separate sheet if more than one witness)

Were there any witnesses*? Yes No

Witness FIRST Name: _____ Witness LAST Name: _____

Address / City / Postal Code: _____

Phone Number: _____

WITNESS ROLE

Bystander Daycare Neighbour Sibling Supervisor
 Contractor Employee Parent Student Volunteer

Date of Report: _____

Report Approved by: _____

Position: _____
(print clearly)