

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) _____          |

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)