



INCIDENT REPORT FORM

This form is for the use of district employees to report any incident(s) covered by district policy 5-150, Section B.

In your best professional judgment, this incident (including threatening statements or behaviour that gives reasonable cause that an employee is at risk of injury) involved:
(check more than one box if necessary)

- Verbal Abuse to employee ☐
- Verbal Threat to employee ☐
- Written Threat to employee ☐
- Physical Assault against employee ☐
- Sexual Assault against employee ☐
- Intimidation ☐
- Violence by Intruder ☐
- Inciting others to Violence ☐
- Racist Behaviour ☐
- Homophobic Behaviour ☐
- Weapon involved ☐ yes ☐ no
- Other (explain) ☐

Steps for Reporting an Incident:

1. Employee reports orally to Principal or Supervisor *AND* completes this form.
2. An investigation is conducted by the Principal or Supervisor and where possible with one worker representative of the worksite Health & Safety Committee.
3. Incident Report Form and Incident Investigation Form will be forwarded to the Superintendent of Schools.

Please respect the confidentiality of all parties named on this form.

When completed, this original Incident Report Form is to be forwarded to your Principal or Supervisor. The originator should keep a copy of the Incident Report for their files.

FORM SUBMITTED BY: _____

Date: _____

CONFIDENTIAL

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Date:

Time:

Site Location :

Name of Employee:

Exact Location of Incident:

Detailed Description of Incident:

Personal Injuries (*if any*):

Weapons: ☐ yes ☐ no Type:

Names of Witnesses (if any):

phone:

phone:

phone:

PLEASE ALSO COMPLETE REVERSE SIDE