Incident Report Form

This form is to be used for reporting accidents, injuries, medical incidents, or student behavioural issues.
Please note: Incidents involving criminal activity or traffic accidents must be reported directly to the Campus Public Safety office.
Wherever possible, this report should be completed within **24 hours** of the incident occurring.
Once completed, please submit the form to the **Head Teacher's Office**.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
⌋ Student	⌋ Employee	⌋ Visitor	⌋ Vendor
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified □ Yes □ No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? □ Yes □ No If yes, attach separate sheet with names, addresses, and phone numbers.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? □ Yes □ No □ Refused If yes, where was treatment provided: □ on site □ Urgent Care □ Emergency Room □ Other		

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature
Date Report Completed

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date	Action	By Whom

Report Received by_____ Date: _____