



Incident Report Form

Name of Injured: _____

Job Title: _____

Date of Incident: _____

Time of Incident: _____ AM PM

Incident Reported to: _____

Position: _____

Date Reported: _____

Time Reported: _____ AM PM

School: _____

Location of Incident: _____

Incident Details

- | | | |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="radio"/> Near Miss | <input type="radio"/> Environmental | <input type="radio"/> Property Damage |
| <input type="radio"/> First Aid | <input type="radio"/> Medical Aid | <input type="radio"/> Lost Time |

Student Details

Student Grade: _____ Student Name: _____

- ☐ Aggressive/Violent Behavior of Student
- ☐ The involved Student has an Individual Program Plan
- ☐ The involved Student has a Behavior Plan
- ☐ The involved Student has a Safety Plan
- ☐ Diagnosis/Difficulty: _____

Describe, in full, how the incident happened (including events leading up to the incident)

- ☐ Not Applicable







Witness Statement Attached: ☐ Yes ☐ No

(Complete and submit WCB paperwork if applicable)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Principal has reviewed the incident report

Date _____





Incident Investigation (Safety to complete this page)

Comments/Findings:

Direct or Immediate Causes (Substandard Acts or Conditions):

Indirect or Underlying Causes (Personal or Work Factors):

Recommendations:

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Name	Signature	Date





Incident Investigation

(Director of Learning Services/Inclusive Education Coordinator to complete this page)

Comments:

Corrective Actions:

Action Item:	Assigned To:	Completed On:

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Associate Superintendent Review	Signature	Date

Status:

☐ Complete

☐ Further Investigation Required/Superintendent's Review

