



SAFE SCHOOLS INCIDENT REPORTING FORMS

Report No: _____	CONFIDENTIAL SAFE SCHOOLS INCIDENT REPORTING FORM – PART I
Name of School	
1. Name of Student(s) Involved (if known)	_____ _____
2. Location of Incident (check one)	<input type="checkbox"/> At a location in the school or on school property (please specify) _____ <input type="checkbox"/> At a school-related activity (please specify) _____ <input type="checkbox"/> On a school bus (please specify route number) _____ <input type="checkbox"/> Other (please specify) _____
3. Time of Incident	Date: _____ Time: _____
4. Type of Incident (check all that apply)	<p>Activities for which suspension must be considered under section 306(1) of the Education Act</p> <input type="checkbox"/> Uttering a threat to inflict serious bodily harm on another person <input type="checkbox"/> Possessing alcohol or illegal drugs <input type="checkbox"/> Being under the influence of alcohol <input type="checkbox"/> Swearing at a teacher or at another person in a position of authority <input type="checkbox"/> Committing an act of vandalism that causes extensive damage to school property at the student's school or to property located on the premises of the student's school <input type="checkbox"/> Bullying <input type="checkbox"/> Any other activity for which a student may be suspended under board policy [Note: Boards must specify on this form any other activities for which the principal may suspend according to board policy.]
5. Report submitted By: Name: _____ Signature: _____ Date: _____ Contact Information: Location: _____ Telephone: _____	<p>Activities for which expulsion must be considered under section 310(1) of the Education Act</p> <input type="checkbox"/> Possessing a weapon, including possessing a firearm <input type="checkbox"/> Using a weapon to cause or to threaten bodily harm to another person <input type="checkbox"/> Committing physical assault on another person that causes bodily harm requiring treatment by a medical practitioner <input type="checkbox"/> Committing sexual assault <input type="checkbox"/> Trafficking in weapons or in illegal drugs <input type="checkbox"/> Committing robbery <input type="checkbox"/> Giving alcohol to a minor <input type="checkbox"/> Any other activity for which a student may be expelled under board policy [Note: Boards must specify on this form any other activities for which the board may expel according to board policy.]



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SAFE SCHOOLS INCIDENT REPORTING FORM – PART II

ACKNOWLEDGEMENT OF RECEIPT OF REPORT

Report No: _____

Report Submitted By: Name: _____ Date: _____

Action Taken

No Action Required

Name of Principal: _____

Signature: _____ Date: _____

Note: Only Part II is to be given to the person who submitted the report.