

Report No: _____	CONFIDENTIAL SAFE SCHOOLS INCIDENT REPORTING FORM – PART I
Name of School:	
1. Names 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 #) _____ <input type="checkbox"/> Other (please specify) _____
3. Time of Incident	Date: _____ Time: _____
4. Type of Incident (check all applicable)	<p>Activities for which suspension must be considered under section 306(1) of the <i>Education Act</i></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 pupil's school or to property located on the premises of the pupil's school <input type="checkbox"/> Bullying <input type="checkbox"/> Persistent opposition to authority <input type="checkbox"/> Use of profane or improper language <input type="checkbox"/> Engaging in any act considered by the principal to be injurious to the moral tone of the school <input type="checkbox"/> Engaging in any act considered by the principal to be injurious to the physical or mental well-being of any member of the school community <input type="checkbox"/> Engaging in any act considered by the principal to be contrary to the Board or school Code of Conduct or the Board's Safe Schools Policies and Procedures
	<p>Activities for which expulsion must be considered under section 310(1) of the <i>Education Act</i></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"/> Activities engaged in by the pupil that cause the pupil's presence in the school to be injurious to the physical or emotional well being of other pupils or persons in the school <input type="checkbox"/> Activities engaged in by the pupil that cause extensive damage to the property of the Board <input type="checkbox"/> Any act considered by the principal to be a serious violation of the Board or school Code of Conduct or any of the Board's policies and procedures related to safe schools
5. Report Submitted By: Name: _____ Signature: _____ Date: _____ Contact Information: Location: _____ Telephone: _____	

Safe Schools Incident Reporting Form – Part II

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 to be given to the person who submitted the report.