



School:

Report Number:

To be completed by Principal

## CONFIDENTIAL - SAFE SCHOOLS INCIDENT REPORTING FORM - PART I

1. Name of Student(s) Involved (if known)

2. Location of Incident (check one)

- At a location in the school or on school property (please specify).
- At a school related activity (please specify).
- On a school bus (please specify route number and transportation operator).
- Other (please specify). \_\_\_\_\_

3. Time of Incident

Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

4. Type of Incident (check all that apply)

### Activities for which suspension must be considered under section 306(1) of the Education Act

- 1. Uttering a threat to inflict serious bodily harm on another person.
- 2. Possessing, trafficking, or being under the influence of illegal drugs.
- 3. Possessing or being under the influence of alcohol.
- 4. Swearing at a teacher or at another person in a position of authority.
- 5. 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.
- 6. Bullying.
- Any other activity for which a student may be suspended under board policy (explain below).

### Activities for which expulsion must be considered under section 310(1) of the Education Act

- 1. Possessing a weapon, including possessing a firearm or knife.
- 2. Using a weapon to cause or to threaten bodily harm to another person.
- 3. Committing physical assault on another person that causes bodily harm requiring treatment by a medical practitioner.
- 4. Committing sexual assault.
- 5. Trafficking in weapons or in illegal or restricted drugs.
- 6. Committing robbery.
- 7. Giving alcohol to a minor.
- Any other activity for which a student may be expelled under board policy (explain below).

5. Report Submitted By: Name: \_\_\_\_\_

Contact Information:

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

6. Report Received By: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time Submitted: \_\_\_\_\_

\_\_\_\_\_

## PART II ACKNOWLEDGEMENT OF RECEIPT OF REPORT

Action Taken

No Action Required

Date:

Name of Principal/Vice Principal:

Signature:

Principal or delegate is to complete, sign and copy, remove student name from copy and fax a copy to the respective transportation operator. This form is to be retained for a minimum of one year.