



This form can be used to report accidents, injury, property loss or damage, health and safety events, bullying or harassment, or any other incident you feel needs attention.

Reported By: \_\_\_\_\_

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Role: \_\_\_\_\_

Incident Number: \_\_\_\_\_

### STUDENT INCIDENT INFORMATION

Student Name: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Incident Type: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

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

Specific Area of Location: \_\_\_\_\_

Name, Role & Contact Details of Person(s) Involved:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name, Role & Contact Details of Witness(es):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Incident Description

Description of Unacceptable / Unsafe Behaviour or Conditions (if applicable)

Resulting Action Executed or Planned

Have You Filed A Police Report? YES / NO

Precinct: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Phone No: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_  
\_\_\_\_\_

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

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

Employee Name: \_\_\_\_\_  
\_\_\_\_\_

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

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

Student Name: \_\_\_\_\_  
\_\_\_\_\_

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

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