

# SCHOOL INCIDENT REPORT

School \_\_\_\_\_

Principal \_\_\_\_\_

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

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

Detailed Description of Incident

Principal Response

Participants Involved

Action taken or suggested:

\_\_\_\_\_

Date Report Completed

\_\_\_\_\_

Signature of Principal

\_\_\_\_\_

Director's Signature

\_\_\_\_\_

Date

**Copies to:** Chief Academic Director, Academic Director, Security Director, and Principal of School

*IN CASE OF AN ACCIDENT, PLEASE COMPLETE FORM TP76 (OR LWC-WC IA-1 IF APPLICABLE) AND FORWARD TO RISK MANAGEMENT.*