



PORTAGE LA PRAIRIE SCHOOL DIVISION
INCIDENT REPORT - CONFIDENTIAL

THE PURPOSE OF THIS REPORT IS TO DOCUMENT THE DETAILS OF ANY SITUATION WHERE AN EMPLOYEE HAS BEEN INVOLVED IN AN UNUSUAL OR EMERGENCY INCIDENT.

A. This report is to be completed by the employee involved and immediately submitted to Supervisor

1. Name _____ Report Date _____ Incident Date _____

Incident Time _____ Exact Location _____

2. Description of the incident - include conditions i.e. lighting, weather, slippery floor, etc. and attach additional pages, if necessary. What alerted you? Why? How did you approach?

3. List names and titles of all persons involved in this incident, including witnesses, (chronologically in order of involvement). Explain the details of their involvement, including at what point during the incident they became involved or present, and relationship to you, the participant, others (friend of student, client, sister of Teacher, visitor, etc.). Attach separate page if more space is required.

• Name _____ Report Date _____ Incident Date _____

Brief Physical Description (height, weight, etc.) _____

Address/phone number _____

Involvement _____

Account given willingly _____ unwillingly _____

Was this person known/recognized by you? Yes ___ No ___ Why? _____

• Name _____ Report Date _____ Incident Date _____

Brief Physical Description (height, weight, etc.) _____

Address/phone number _____

Involvement _____

Account given willingly _____ unwillingly _____

Was this person known/recognized by you? Yes ___ No ___ Why? _____



File ECA-E

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4. Assessment of Personal Safety _____

5. Intervention Alternatives _____

6. Condition Assessment of Participants _____

7. Due Care Provided _____

8. Emergency Action Taken (police, security, medical help called) - Names & other details of those involved (case #, etc.) _____
9. Resolution _____

10. Consequences (injuries, property damage, other) _____

11. Postvention _____

12. Describe follow-up action taken _____

13. Recommendations for further action _____

Signature _____

B. To be completed by the Supervisor

Comments _____

Recommendations for further action _____

Signature _____

Report: filed _____ to Supt. _____ to other (specify) _____