



**Department of Safety & Security
Incident Report**

Your Name: _____

Your Position (circle one): Student Staff

School (Indicate Learning Community if Applicable): _____

Report Date: _____

WHEN did the incident happen? Please list the specific date and time.

WHERE did the incident happen? _____

WHO was there when this happened? Name everyone involved in the incident and/or everyone who witnessed the incident. _____

WHAT happened? Please list as many details as you can about what happened. What did you see, hear, do or say? _____

(Use the back of this form if needed)

HOW can we support you? _____

Your Signature _____

Safety Specialist(s) assigned to investigation: _____

Also reported to: _____