



NIAGARA CATHOLIC  
DISTRICT SCHOOL BOARD

**Safe Schools Incident Reporting Form**

<b>Report No:</b> _____	<b>CONFIDENTIAL</b>  <b>SAFE SCHOOLS INCIDENT REPORTING FORM – PART 1</b>
<b>1. Name of Student(s) Involved (if known)</b>	_____ _____
<b>2. Location of Incident (check one)</b>	<input type="checkbox"/> At a location in the school or on school property (please specify) _____ <input type="checkbox"/> At a school-related activity (please specify) _____ <input type="checkbox"/> On a school bus (please specify name of provider and route number) _____ <input type="checkbox"/> Other (please specify) _____
<b>3. Time of Incident</b>	Date: _____ Time: _____
<b>4. Type of Incident (Check all that apply)</b>	<p><b>Activities for which suspension must be considered under section 306(1) of the Education Act</b></p> <input type="checkbox"/> Uttering a threat to inflict serious bodily harm on another person <input type="checkbox"/> possessing alcohol or illegal drugs <input type="checkbox"/> Being under the influence of alcohol <input type="checkbox"/> Swearing at a teacher or at another person in a position of authority <input type="checkbox"/> 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 <input type="checkbox"/> Bullying <input type="checkbox"/> Any act considered by the principal to be injurious to the moral tone of the school <input type="checkbox"/> act considered by the principal to be injurious to the physical or mental well-being of any member of the school community <input type="checkbox"/> Any act considered by the principal to be contrary to the Board or school Code of Conduct <p><b>Activities for which expulsion must be considered under section 310(1) of the Education Act</b></p> <input type="checkbox"/> Possessing a weapon, including possessing a firearm <input type="checkbox"/> Using a weapon to cause or to threaten bodily harm to another person <input type="checkbox"/> Committing physical assault on another person that causes bodily harm requiring treatment by a medical practitioner <input type="checkbox"/> Committing sexual assault <input type="checkbox"/> Trafficking in weapons or in illegal drugs <input type="checkbox"/> Committing robbery <input type="checkbox"/> Giving alcohol to a minor <input type="checkbox"/> An act considered by the principal to be significantly injurious to the moral tone of the school and/or to the physical or mental well-being of others <input type="checkbox"/> A pattern of behaviour that is so inappropriate that the pupil's continued presence is injurious to the effective learning and/or working environment of others <input type="checkbox"/> Activities engaged in by the pupil on or off school property that cause the pupil's continuing presence in the school to create an unacceptable risk to the physical or mental well-being of other person(s) in the school or Board <input type="checkbox"/> Activities engaged in by the pupil on or off school property that have caused extensive damage to the property of the Board or to goods that are/were on Board property <input type="checkbox"/> The pupil has demonstrated through a pattern of behaviour that s/he has not prospered by the instruction available to him or her and that s/he is persistently resistant to making changes in behaviour which would enable him or her to prosper <input type="checkbox"/> Any act considered by the principal to be a serious violation of the requirements for pupil behaviour and/or a serious breach of the Board or school Code of Conduct <input type="checkbox"/> Where a pupil has no history of discipline or behaviour intervention, or no relevant history, a single act, incident or infraction considered by the principal to be a serious violation of the expectations of pupil behaviour and/or a serious breach of the Board or school Code of Conduct.
<b>5. Report Submitted By:</b> Name: _____	
Signature: _____ Date: _____	
<b>Contact Information:</b> Location: _____ Telephone: _____	



**SAFE SCHOOLS INCIDENT REPORTING FORM – PART II**  
**ACKNOWLEDGEMENT OF RECEIPT OF RECEIPT OF REPORT**

**Report No:** \_\_\_\_\_

**Report Submitted By:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Action Taken**

**No Action Required**

**Name of Principal:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Only Part II is to be given to the person who submitted the report.