SAFE SCHOOLS INCIDENT REPORTING FORM

The data in the following form is used by the Yukon Teachers' Association for information gathering purposes only. Fax completed form to the YTA at: (867) 667-4324. Please ensure no names (other than the producer of this report) are identified in this document.

Name: ___________________________ School: ___________________________
Role in school community: ___________________________ YTA follow up requested? __________

1. Location of Incident (check one)
   □ At a location in the school or on school property (please specify) ___________________________
   □ At a school-related activity (please specify) ___________________________
   □ On a school bus
   □ Other (please specify) ___________________________

2. Time of Incident
   Date: ___________________________ Time: ___________________________

3. Type of Incident (check all that apply)
   □ Uttering a threat to inflict serious bodily harm on another person.
   □ Swearing at an educator or another person in the position of authority.
   □ Bullying/persistent bullying (if the student has been previously suspended for engaging in bullying and the student’s continuing presence in the school creates an unacceptable risk to the educators’ safety or peace of mind.
   □ Using any object/weapon to cause or threaten bodily harm to another person/member.
   □ Committing physical assault, including, but not limited to: spitting, biting hitting, kicking, scratching, other ______________. Result: bruising, bleeding or other ______________.
   □ Committing physical assault causing bodily harm requiring treatment by a medical practitioner.
   □ Any activity motivated by bias, prejudice and/or hate.
   □ Student restrained for safety reasons.
   □ Other ______________.
   □ RCMP were contacted.

Written description of incident: (Important: Ensure that the names of students, parents and other participants are not included in your written description.)