CONFIDENTIAL

INCIDENT INVESTIGATION FORM

School District 85 (Vancouver Island North)
P.O. Box 90, Port Hardy, B.C. V0N 2P0
Tel: 250/949-6618 Fax: 250/949-8792

Steps for Investigating an Incident. The Principal or Supervisor will:

- investigate and report back to the originator;
- forward the Incident Report Form to the Superintendent of Schools along with the original of this report (with all names included);
- forward a copy of this form, when complete, to the District Health & Safety Officer (with all names deleted).

Date/Time that the incident was brought to the attention of Investigator: Date: _____
Time: _____

The alleged perpetrator is: ❑ Elementary ❑ Secondary ❑ Adult ❑ Visitor
❑ Other _____

Police Attended: ❑ yes ❑ no Officer's Name: _____
Date/Time: _____

Police Action Taken: _____
_____ Police File No.: _____

Parents/Guardian Notified: ❑ yes ❑ no Name: _____

Suspension: ❑ yes ❑ no

Name(s) of Investigator(s): _____ _____
Principal/Supervisor *Worksite Health & Safety Representative*

Date/Time Investigation was conducted: Date: _____ Time:_____
Date: _____ Time:_____
Date: _____ Time:_____

INVESTIGATIVE SUMMARY:

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summary continued on reverse

Investigative Summary - continued

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_____

[Cont'd on separate sheet if more space is required]

Actions of Alleged Perpetrator (including any history/actions/words leading up to and following the alleged incident):

_____
_____
_____
_____
_____

Action(s) of Report Originator (including any history/actions/words leading up to and following the alleged incident:

_____
_____
_____
_____
_____

What was the cause of the incident? _____
_____
_____

What corrective action(s) was taken? _____
_____
_____

In the judgment of the investigator(s), was this incident [including, violence &/or threatening statement(s) or behaviour(s)] an incident that gives reasonable cause that an employee is at risk of injury?

☐ Yes ☐ No

Completed by: _____ Date: _____

Originator informed of investigation results: ☐ Yes - Date: _____
☐ No Reasons: _____

Receipt by Superintendent of Schools: Date: _____ Action: ☐ Yes _____
_____
_____ File: ☐ Yes