

JIC-E1 - Report of Dangerous Behavior by Student

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1. Name of Reporter: _____ Date of Report: _____

Please note: This form must be completed by a person with first-hand knowledge of the dangerous behavior, or by a person assisting the person with first-hand knowledge of the dangerous behavior.

a. Please check the appropriate line: _____ Staff member _____ Student
_____ Other role (please specify): _____

2. If the person filling out this form is assisting someone who has first-hand knowledge, please provide the name of the _____ person with first-hand knowledge:

a. Please check the appropriate line: _____ Staff member _____ Student
_____ Other role (please specify): _____

3. Information About the Incident

a. Date and time it occurred: _____

b. Location (be specific): _____

c. Brief description of dangerous behavior by student (included who was directly subjected to the behavior, any _____ injuries or property damage):

d. Other witnesses (if any), including names and positions: _____

4. Contact information for follow-up (telephone and email): _____

PLEASE FOLD THIS REPORT, STAPLE OR TAPE IT CLOSED FOR SECURITY, AND DELIVER TO THE BUILDING PRINCIPAL. YOU WILL BE CONTACTED AFTER THE REPORT HAS BEEN ASSESSED. THANK YOU.

For administrative use

Date the report was received in principal's office:

Policy Form Adopted: November 16, 2022

Revision #4

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