

TDSB User Group Insurance Program - Incident Reporting Form

CLAIMS INFORMATION

Date of Report	Date of Claim	Time of Claim	
Reported by	Position	Phone Ext.	Email
School Name			
Location Address			
Location of Incident			

Part A – Victim Information (complete separate forms for each Victim)

Student If Student, Grade Volunteer Parent Visitor Other

Name Address Age Male/Female

Tel: Email:

Part B - Witness

Name Address DOB

Tel: Email:

Name Address DOB

Tel: Email:

TDSB Employee Department Ext.

PART C - Description of Claim

Describe anything leading up to or contributing to the Claim. Do not draw conclusions, state observations and facts only.

Victim's Clothing: Victim's Footwear:

PART D - Description of Injury and First Aid provided

State the victim's injury and First Aid provided at the time of the Incident.

	Place an X to mark the injured area.	
	FRONT	BACK

First Aid? Yes No If Yes, Name:

Contact Info.:

Sent to Hospital? Yes No

Mode of Transport: Ambulance Parent/Guardian Refused Other:

Badge # Officer Name Occurrence #

Police Report Yes No If Yes

Security Attended Yes No

Parent Guardian Informed Yes No If No, Why?

Authorizer/Report Submitted by (Print Name) Position Date: