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.

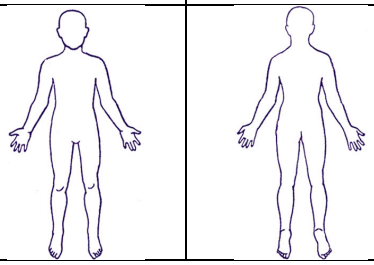
Victim's Clothing: Victim's Footwear:

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: