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Incidence Report Form

Incident: _____ Observed by _____ Told to: _____

Place: _____ Date: _____ Time: _____ AM/PM

Reported By: _____ Must be Reported to the Office asap: **Write on backside if needed.**

If emergency the all close by must help.

Reporter's Signature: _____ Reporter's Relationship: _____

Principal's Involvement needed: Yes No If not then Office handles it all.

Principal's remarks if any:

Any outside agencies involved Yes No Who? _____

The parent was notified: Yes No, If Yes, by whom: _____

Parent's response:

Do the parent or parents feel a need for any outside agency? Yes No

We are satisfied with the process to investigate the incidence.

Date: _____ Parent's Signature: _____

Reporter's Signature: _____ Principal's Signature: _____

Extra reports or sworn statements must be attached to this Report:

Phone: 780-466-7733 or Fax: 780-485-0507 email: officeAAA@shaw.ca

