

UMHA Incident Report

NOTE: Do not use this form if you witness physical or sexual abuse. You are obligated by law to report that directly to the Police (905-881-1221) or the Children's Aid Society.

Submitted By: (please print) _____

Nature of Incident: _____

Name:		Injury:	
Email:		Harassment:	
Phone:		Abuse:	
Alternate Phone:		Conduct:	
Date:		Other:	

Incident details: (Describe with as much accuracy as possible what occurred. Use as many facts as possible. Use a second sheet of paper if necessary).

People involved in this incident: (List the names and contact information. Include everybody that was involved first hand with the incident or who witnessed it. Encourage other witnesses to fill out their own incident report).
