



City of Hamilton Zero Tolerance Incident Report

Part 1

FACILITY: _____	DATE OF INCIDENT: _____
TIME OF INCIDENT: _____	LOCATION OF INCIDENT: _____

INCIDENT DETAILS

NAME OF PARTICIPANTS	
PERSON REPORTING INCIDENT	PERSON VIOLATING POLICY
NAME: _____	NAME: _____
TEAM/ORGANIZATION: _____ (IF APPLICABLE)	TEAM/ORGANIZATION: _____ (IF APPLICABLE)
PARENT/GUARDIAN NAME: _____ (IF APPLICABLE)	PARENT/GUARDIAN NAME: _____ (IF APPLICABLE)
ADDRESS: _____	ADDRESS: _____
POSTAL CODE: _____ PHONE: _____	POSTAL CODE: _____ PHONE: _____

CATEGORY (PLEASE CHECK ALL THAT APPLY)		
<input type="checkbox"/> VERBAL ASSAULT	<input type="checkbox"/> POSSESSION OF WEAPON	
<input type="checkbox"/> THREATS	<input type="checkbox"/> ALCOHOL OR DRUG USE	
<input type="checkbox"/> PHYSICAL ASSAULT/HARM	<input type="checkbox"/> HARASSMENT/BULLYING	
<input type="checkbox"/> VANDALISM	<input type="checkbox"/> INAPPROPRIATE USE OF TECHNOLOGY	
<input type="checkbox"/> THEFT OF PROPERTY	<input type="checkbox"/> OTHER (PLEASE SPECIFY)	
<input type="checkbox"/> FIRST OCCURRENCE	<input type="checkbox"/> SECOND OCCURRENCE	<input type="checkbox"/> THIRD OCCURRENCE

