



# AP 3210-F1 Interlake School Division Serious Incident Form

## Manitoba Education and Training Serious Incident Report



School Division \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Reported By \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

**Lockdown/Hold and Secure (select one if applicable)**

**Initiated By**

- Lockdown Start \_\_\_\_\_ End \_\_\_\_\_
  Law Enforcement
- Hold and Secure
  School

**Serious Incident Category (select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Bomb Threat   | <input type="checkbox"/> Drug Trafficking               |
| <input type="checkbox"/> Intruder  | <input type="checkbox"/> Serious Vandalism              |
| <input type="checkbox"/> Threatening Behaviour by Unknown / Known Individual | <input type="checkbox"/> Fire                           |
| <input type="checkbox"/> Abduction/Attempted Abduction                       | <input type="checkbox"/> Chemical/Natural Gas Emergency |
| <input type="checkbox"/> Weapon  | <input type="checkbox"/> Fatality - Suicide             |
| <input type="checkbox"/> Suspected Weapon                                    | <input type="checkbox"/> Fatality - Accidental          |
| <input type="checkbox"/> Serious Assault                                     | <input type="checkbox"/> Fatality - Natural Causes      |
| <input type="checkbox"/> Serious School Bus Accident                         | <input type="checkbox"/> Threat in the Community        |
| <input type="checkbox"/> Car/Pedestrian Accident                             | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Serious Injury/Medical Emergency                    |   |

**Division/School Response to Incident (select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Contacted Law Enforcement/Fire Department | <input type="checkbox"/> Crisis Response Team Implemented |
| <input type="checkbox"/> Medical Treatment/Intervention/EMS        | <input type="checkbox"/> No Response Required             |
| <input type="checkbox"/> Evacuation                                |   |

**Individual(s) Involved in Incident**

- Student(s) Grades:  Nursery  Kindergarten  1  2  3  4
- Staff  5  6  7  8  9  10  11  12
- Other \_\_\_\_\_

**Incident Classification**

- In-School Incident  External Incident

**Summary of Incident**