

Nanaimo Innovation Academy

Staff-Related Incident Report

Name of staff involved	
Date of incident	
Time of incident	
Location incident took place	
Incident type	
Any child involved. If so, who	
Parents of child notified. If so, who and when (date and time)	
Describe the incident (Attach a document if more room is needed).	
What could have been done differently?	

<p>What should the corrective action plan be?</p>	
<p>Additional notes or suggestions from Manager (to be filled by manager)</p>	
<p>Date the corrective action plan must be completed by</p>	
<p>Date the corrective action plan was be completed and verified by Manager</p>	
<p>Other notes or actions</p>	

Staff's Name: _____ Signature: _____ Date: _____

Manager's Name: _____ Signature: _____ Date: _____

Director's Name: _____ Signature: _____ Date: _____