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## FORM – 3.3 PHYSICAL RESTRAINT/SECLUSION INCIDENT REPORT FORM

### SECTION 1: STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date and Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_  
Employees Involved: \_\_\_\_\_  
\_\_\_\_\_

### SECTION 2: INCIDENT DETAILS

Injury Yes \_\_\_\_\_ No \_\_\_\_\_ (*if YES, complete a School Protection Plan Incident Report and/or WorkSafe BC form*)

Description of Injury:

### SECTION 3: FOLLOW UP

How were parents contacted: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Has this happened before: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when: \_\_\_\_\_

Debriefing: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

In attendance at debriefing: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

CC Form to: Parent/Guardian, Superintendent, Student Services Coordinator, Student Files