



Schedule A - RZone Incident Report Form

Individual Reporting Details

Name: _____ Department: _____

Position: _____ Date Incident Occurred: _____

Incident Information

Date: _____ Time: _____

Incident Location: _____

Incident Information: _____

Participant(s) Involved

a) Complainant Name: _____ Phone: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

b) Respondent Name: _____ Phone: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

Category *Please check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Verbal Assault | <input type="checkbox"/> Use of Drugs or Alcohol | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Possession of Weapon | <input type="checkbox"/> Physical Assault or Harm | <input type="checkbox"/> Theft of Property |
| <input type="checkbox"/> Threats | <input type="checkbox"/> Harassment or Bullying | <input type="checkbox"/> Other, explain below |

Other: _____

Describe in detail what happened: _____

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Policy No. 99
R-Zone – Respect and Responsibility Policy
Council Approval: October 15, 2025



Who else was made aware of the incident?

If there are more individuals involved, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

If another individual was made aware of the incident, how were they informed?

In-person Telephone Email

Other (explain) _____

Date the individual was informed (day/month/year): _____

Please identify if another individual witnessed the incident

If there are more individuals who witnessed the incident, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

Date File Closed: _____ Position: _____

Name: _____ Signature: _____

For Internal Use Only:

Action Taken

Investigation Date: _____ Verbal Warning Date: _____

Written Warning Date: _____ Letter of Trespass Date: _____

Appeal: NO YES Date: _____

Outcome: _____

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