Maple Leaf Academy INCIDENT / DISPUTE REPORT FORM

Please report all incidents to Maple Leaf Academy within 24 hours.

Date:	Location:
Individuals Involved:	(Student + Class, Teacher, or Admin)
Person 1:	Position:
Person 2:	Position:
Person 3:	Position:
Details of the incident:	
What caused the incid	ent?
Details of incident/disp	pute:
Action taken resulting	from incident/dispute:
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Resolution:	
Name: (Print)	
Signature:	