

CAS/FCS Report of Allegation Against an Employee (Board Office Copy)

(This form is to be completed by the Principal and is not to be copied.)

STUDENT'S NAME: _____ D.O.B.: _____

ADDRESS: _____

PHONE: _____

SCHOOL: _____ GRADE: _____

PARENTS: MOTHER/GUARDIAN _____
(Name) (Phone: Home Work)

FATHER/GUARDIAN _____
(Name) (Phone: Home Work)

*Name of individual making the incident report if other than alleged victim: _____

EMPLOYEE REFERRED TO CHILDREN'S AID SOCIETY/FAMILY AND CHILDREN'S SERVICES (**Employee Number Only**): _____
(Please contact the Human Resources Manager for the Employee Number.)

1. Briefly describe the nature of the incident: _____

2. Incident Reported to Children's Aid Society/Family and Children's Services By:

(Name) (Position)

(Date) (Time)

3. Was employee's name given to Children's Aid Society/Family and Children's Services? Yes

4. Children's Aid Society/Family and Children's Services Contact Person: _____

TO BE COMPLETED BY SCHOOL PRINCIPAL/SUPERVISOR:

5. Finding by Children's Aid Society/Family and Children's Services: _____

6. Action Taken by Principal/Board Administration: _____

7. Report completed by:

(Signature) (Date)

8. The "Employee Form C" has been shared with and given to this employee: Yes Date: _____

Distribution: This Original Form B s to be forwarded to the Superintendent of Schools and then filed with the Director of Education.