

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

Please Note: Pursuant to the Freedom of Information Act and the Child and Family Services Act, the student/family information and the name of the individual reporting this incident have been deleted from the "Employee Copy" of this form.

NAME OF EMPLOYEE: _____

1. Briefly describe the nature of the incident: _____

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

(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 (Appendix 3): _____

7. Report completed by:

(Signature) (Date)

Distribution: Employee Only (Original Form C)