



File AFA-R

VIOLENT INCIDENT REPORT FORM

1. GENERAL INFORMATION

Date of Incident: _____ Time: _____ a.m. p.m.

Name: _____

Job Title: _____ School: _____

Location of Incident: School Offsite Classroom Playground

Other (please specify) _____

2. TYPE OF VIOLENCE (e.g. Physical injury, threat of physical injury. Please indicate all that apply.)

- Verbal Abuse Physical abuse Intimidation/threats
 Intimidation/threats Use of weapon(s) Other: _____

Violent behavior (describe): _____

Unwanted physical contact (describe): *Examples: pushing, scratching, kicking, slapping, pinching, biting, head butting, hair pulling, restraining, inappropriate sexual contact.*

Detailed description of incident (use additional paper, if required): _____

Name of immediate Supervisor notified: _____

- Did you seek medical attention? Yes No
Did you consult a Doctor Yes No
Did you receive First Aid Yes No If yes, provide details: _____

- RCMP called Yes No
WCB Forms completed only if medical attention was required (CUPE members) Yes No
Safety Officer notified? Yes No