



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

3. INFORMATION ABOUT THE ALLEGED PERPETRATOR(S)

Student Employee Other (please specify): _____

Name of alleged perpetrator _____

If name is unknown, please list identifying characteristics _____

Approximate age _____ Gender _____

Relationship of alleged perpetrator(s) to reporting employee (if any): Co-worker Student

Parent Public Other (please specify) _____

NOTE: Attach additional descriptions if there is more than one alleged offender.

Witness(es):

Name: _____ Contact at: _____

Name: _____ Contact at: _____

Employee Signature: _____ Date: _____

Report submitted to:

Name: _____

Location: _____ Title: _____

4. ADMINISTRATOR/SUPERVISOR RESPONSE

Name: _____ Date: _____

Response to incident: _____

