



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



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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: _____

