

Violent Incident Report Form

The purpose of this form is to record and report any incident which meets the following criteria:

- a. the attempted or actual exercise by a person, of any physical force so as to cause injury to an employee.
- b. any threatening statement or behaviour which gives an employee reasonable cause to believe that he or she is at risk of physical injury.

Name of School District facility/location: _____ Date and time of incident _____

Full name of employee: _____ Occupation/Position _____

Name of person perpetrating assault/threat (if known) _____

Description of perpetrator (if name unknown) _____

Name of Witnesses (if any): _____

Complete description of incident (include exact location, and mention the presence of attending emergency agencies, if any): _____

(If this space is insufficient, please use the reverse of this form or attach a separate description)

Note to the employee: You have the right to know the actions that have been taken. You may ask your supervisor for this information after allowing a reasonable time for the matter to be concluded.

Supervisor actions: _____

Was this matter sent on to the School Board office for further action or consideration? Yes No

Supervisor: Any separate notes made or provided in the investigation of this matter should be attached.

Are there any attachments to this document: Yes No

Supervisor's signature: _____ Date signed: _____

Please retain a copy of this document in a site-based file entitled "Violent Incident Reports"