

VIOLENT INCIDENT REPORT FORM

Pages 1 and 2 are to be completed by the person(s) most directly involved in the violent incident, and given to the worksite supervisor and the worksite OH&S rep. If additional space is required, please use a separate sheet and attach to this report.

In your best professional judgment, this incident involving violence can be best categorized as (check more than one box if necessary):

- Bullying/Intimidation
- Fighting
- Gang Related Incident
- Inciting Others to Violence
- Physical Assault Against : ____ District Employee ____ Student
- Property Damage/Vandalism
- Racial Confrontation
- Sexual Assault Against: ____ District Employee ____ Student
- Verbal Abuse to: ____ District Employee ____ Student
- Verbal Threat to: ____ District Employee ____ Student
- Violence by Intruder
- Weapon Involved: ____ No ____ Yes: Identify Weapon: _____
- Written Threat to: ____ District Employee ____ Student
- Other (explain):

Continued

THREAT/VIOLENCE REPORT

Date and Time of Incident: _____

Name of Person Making Threat (indicate "parent", "student", "Special Needs student", or "other" if name is unknown):

Employee(s) Involved: _____

School / Location of Incident: _____

Damage to Property? No ____ Yes (*provide details*): _____

Type of Incident: Threat/Intimidation ____ Possession/Use of Weapon ____ Assault ____

Other: _____

Details of Incident (who, what, when, where, why):

Action Taken:

- Administration Notified? Yes No
- Did you require First Aid or Medical Aid? Yes No

Employee's Signature: _____

Witness Name and Signature: _____

VIOLENT INCIDENT INVESTIGATION REPORT

If additional space is required, please use a separate sheet and attach to this report.

(WCA 174.(1)) An investigation required under Workers Compensation Act Part 3 Division 10 must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative. As far as possible, the investigation must:

- a. determine the cause or causes of the incident;*
- b. identify any unsafe conditions, acts or procedures that contributed in any manner to the incident; and,*
- c. if unsafe conditions, acts or procedures are identified, recommend corrective action to prevent similar incidents.*

Worksite and location where incident occurred: _____

Date/Time of Incident: _____ **Date of Investigation:** _____

Persons in attendance at investigation: _____

Injured Person(s) Name/Occupation: _____

Nature of Injury/Injuries: _____

Note: If the worker reported an injury or adverse symptom as a result of an incident of violence, the worker must be advised to consult a physician of the worker's choice for treatment or referral.

Witnesses to this incident:

Last Name	First Name	Address	Telephone

Describe in full how the incident occurred: _____

FOR OFFICE USE ONLY:

Action Taken by Supervisor:

- Parent/Guardian Notified? Yes No
- Have staff members been informed? Yes No
- Has the student been identified as a student with special needs? Yes No
- If identified, what category does the student fall under? Category: _____
- Has IEP been modified to include a safety plan? Yes No
- Did the victim require First Aid? Yes No
- Was the victim advised to consult a physician of the worker's choice for treatment or referral? Yes No
- Did the victim require time off work? Yes No
- WCB Form Submitted on Date: _____
- Police Notified? Yes No
- Name of Investigating Officer: _____
- Case #: _____

A copy of this report is to be sent to the Human Resources Administrator and kept on file at the worksite.

Supervisor Signature

Date