



Workplace Violent Incident Report Form (Employee to complete)

"Violence" means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at "risk of injury".

USE ONE FORM FOR EACH INDIVIDUAL

Employee Name:	Job Title:
School: _____ or Bus Route#:	Date of Incident:
Time of Incident::	Time Reported:
Reported to/ title:	

Type of Incident

<input type="checkbox"/>	Struck	<input type="checkbox"/>	Scratched	<input type="checkbox"/>	Verbal	<input type="checkbox"/>	Kicked
<input type="checkbox"/>	Pushed	<input type="checkbox"/>	Bitten	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Threat
<input type="checkbox"/>	Possession of Weapon	<input type="checkbox"/>	Use of Weapon	<input type="checkbox"/>	Other		

Student of Concern

Name: _____ Age: _____ Grade: _____

First Aid Required? Yes No

WCB Forms Completed? (Form 6A) Yes No (if applicable)

Describe the Events Leading up to the Incident(For example: student was asked to perform task):

Describe the Incident (For example: what the student said or did,how was the situation de-escalated?):

(if necessary, attach additional pages)

Area Supervisor Notified? Yes When: _____

Signed (employee): _____

Print Name (employee): _____



Workplace Violence Report Form (To be completed by Supervisor)

Principal/Supervisor: _____ JOHS/Worker Rep: _____

Worker advised they have a right to consult EFAP or their physician?

Yes
 Yes

Did the employee seek medical attention :

No

Action Taken

Parent/Guardian notified: Yes No
Police Notified: Yes No
Police Attended: Yes No

Student has designation: Yes No
Safety Plan in place: Yes No
Safety Plan Followed: Yes No
ABED: Yes No

Name of Case Manager(if applicable): _____

Corrective Action taken(if applicable):

If necessary, how have staff been informed (details):

Was the student previously involved in violent incidents with staff?

If yes, School/Location: _____

Date of Report: _____

Additional Comments:

Signature of Principal/Supervisor: _____

Signature JOHS/Worker Rep: _____

Emailed form to safe.schools@sd8.bc.ca): Yes (date): _____