

VIOLENT INCIDENT REPORT FORM



1. GENERAL INFORMATION		<i>Completed by teacher/staff member</i>																									
Date(s) of Incident:		Time(s): a.m./p.m.																									
No. of Incidents:																											
Staff Member:		Job Title:																									
		School/Building:																									
Location of incident <i>(please specify exact location):</i>																											
<input type="checkbox"/> classroom <input type="checkbox"/> playground <input type="checkbox"/> halls <input type="checkbox"/> school bus <input type="checkbox"/> other <i>(details)</i> <input type="checkbox"/> recess <input type="checkbox"/> before school <input type="checkbox"/> noon <input type="checkbox"/> after school																											
Type of assault:		Verbal <input type="checkbox"/>	Physical <input type="checkbox"/>																								
Near miss <input type="checkbox"/>		<i>Completed by teacher/staff member</i>																									
2. INFORMATION ABOUT OFFENDER		<i>Completed by teacher/staff member</i>																									
<input type="checkbox"/> Student Name:		<input type="checkbox"/> Other <i>(specify name:)</i>																									
3. DETAILED DESCRIPTION OF INCIDENT(s)																											
<i>Completed by teacher/staff member</i>																											
<p>Name of Supervisor notified:</p> <table border="1"> <tr> <td>Police involvement?</td> <td>None <input type="checkbox"/></td> <td>Consultation <input type="checkbox"/></td> <td>Direct <input type="checkbox"/></td> </tr> <tr> <td>WSH School Rep consulted?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Was a physician consulted?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> </table> <p>Medical treatment <i>(describe):</i></p> <table border="1"> <tr> <td>Payroll/Benefits notified <i>within 3 days?</i></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Did an investigation by the Principal occur?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Superintendent notified?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> </table>				Police involvement?	None <input type="checkbox"/>	Consultation <input type="checkbox"/>	Direct <input type="checkbox"/>	WSH School Rep consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Was a physician consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Payroll/Benefits notified <i>within 3 days?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Did an investigation by the Principal occur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Superintendent notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Police involvement?	None <input type="checkbox"/>	Consultation <input type="checkbox"/>	Direct <input type="checkbox"/>																								
WSH School Rep consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
Was a physician consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
Payroll/Benefits notified <i>within 3 days?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
Did an investigation by the Principal occur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
Superintendent notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
4. IMMEDIATE ACTION TAKEN BY EMPLOYER/PRINCIPAL																											
<i>Completed by Principal</i>																											

VIOLENT INCIDENT REPORT FORM



5. DIRECT & INDIRECT CAUSES

(attach pictures/graphs etc.)

Completed by Principal

➤ What was the antecedent that led up to this incident?

➤ What was the function of the behavior?

attention task avoidance other *(please explain)*

6. CONTROL MEASURES

Completed by Principal

➤ What are we as a team going to do differently next time? *(please explain)*

➤ Implementation of New Measures

establish proactive/reactive measures
(including when and how to remove a student)
 different room arrangement
 Student Services consult
(Consult counselor, OT, SS, psychologist, etc.)
 other *(please explain)*

Behavior Plan
 WEVAS, NVCL, etc.
 protective clothing/equipment

Staff Member Signature:	Date:
Principal Signature:	Date:

Completed Document - Principal Checklist ✓

- ✓ 1. Ensure ALL staff members are safe.
- ✓ 2. Confirm *Teacher/Staff Member* information portion is complete – along with all other information.
- ✓ 3. Identify immediate action taken.
- ✓ 4. Ensure *Direct & Indirect Causes* are identified and recorded.
- ✓ 5. Debrief with employee and establish proactive measures to eliminate and control further violence.
- ✓ 6. Forward a hard copy of completed form to the Workplace Safety & Health Officer.