

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> ____ classroom ____ playground ____ halls ____ school bus ____ other(details) ____ recess ____ before school ____ noon ____ after school					
Type of assault:		Verbal <input type="checkbox"/>	Physical <input type="checkbox"/>	Near miss <input type="checkbox"/>	
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>	
Name of Supervisor notified:					
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"/>		
Medical treatment <i>(describe):</i>					
Payroll/Benefits notified <small>within 3 days?</small>		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>	

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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.