



Chilliwack School District

WORKPLACE VIOLENT INCIDENT REPORT FORM

Part 1: Identifying Information

**** PRESS HARD YOU ARE MAKING 4 COPIES****

Name: _____ Date: _____
 Job Title: _____ School/Site: _____
 CUPE CTA Administration Management Other _____
 Other Employees Involved? NO YES (List Names) _____
 Form completed by (Name & Title if different from above) _____
 Signature (of person completing this form) _____

Part 2: Description of Violent Incident

Date of Incident: _____ Location: _____ Time: _____ am pm
 Incident committed by: Student Visitor Parent Ex-employee Other _____
 Name: _____ (Do not write student's name here. See below)

Student Name: _____	NAME	PEN	AGE	MINISTRY CAT. (if app.)
<small>Student name will be kept confidential</small>				

Type of Incident: Struck Pushed Verbal Threat Kicked Scratched Bitten
 Weapons Sexual Other (specify) _____
 Describe the Incident: (Additional pages attached)

Were you Injured? YES NO NOT SURE Comment _____
 Damage to Personal Property (i.e. glasses) _____

If you answered YES or NOT SURE, fill out *Employee Injury/Accident Report Form* (yellow form)!

Part 3: Actions Required

To your knowledge, has the individual been involved in any previous incident? YES NO
 To your knowledge is there a Student Behaviour Plan in place to prevent a similar incident? YES NO (If No Refer to School Based Team)
 To your knowledge is there a Staff Safety Plan in place? YES NO (If No Refer to School Health & Safety Committee)

Part 4: Physical Restraint of Student (If applicable)

Student restrained by (list all those involved with the restraint):

 Is physical restraint part of the student's IEP? YES NO
 *Describe the events leading up to the restraint (e.g. where, when, triggers, interventions):
 _____ Additional pages attached

* Please note that the School-Based Team may require a more detailed account for planning purposes.

Risk Assessment/Investigation (Principal/Site Supervisor Only)

Part 5: Signature of Principal/Site Supervisor

Please check that this incident has been recorded in the Incident Book? YES
 Please check that this incident has been investigated? YES (Attach copy of form)
 Please check that a WV Risk Assessment has been completed? YES (Attach copy of form) Original to School Health & Safety Committee

Principal/Site Supervisor

Date

White – School/Site Health & Safety Committee
 Fax Original to DMI at 1-866-963-9994
 & District Safety Officer at 604-792-5220

Green – Student File (if applicable)
 Yellow – SDO, Employee Personnel File

Pink – SDO, Student Services

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