



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.)
Student name will be kept confidential				
Type of Incident:	<input type="checkbox"/> Struck	<input type="checkbox"/> Pushed	<input type="checkbox"/> Verbal	<input type="checkbox"/> Threat
	<input type="checkbox"/> Weapons	<input type="checkbox"/> Sexual	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Kicked
				<input type="checkbox"/> Scratched
				<input type="checkbox"/> Bitten
Describe the Incident: (<input type="checkbox"/> Additional pages attached)				

Were you Injured? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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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