

Chilliwack School District

WORKPLACE VIOLENT INCIDENT REPORT FORM

Part 1: Identifying Information

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
Violence committed by: Visitor Parent Staff member Ex-employee Other _____
Name: _____ (Do not write student's name here. See below)
 Student: _____
Student name will be kept confidential NAME PEN AGE
Type of Incident: Struck Pushed Verbal Threat Kicked Scratched Bitten
 Weapons Sexual Other (specify) _____
Describe the Incident: (Attach additional pages if necessary)

Were you injured? (Physical/Psychological) YES NO NOT SURE Comment _____

If you answered YES or NOT SURE, fill out *Employee Injury/Accident Report Form*

"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 work, and includes any threatening statement of behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

Part 3: Actions Required

Are you aware if the individual has been involved in any previous incident? YES NO
Are you aware if there is a Student Safety Plan (IEP) in place to prevent a similar incident? YES NO (If No Refer to School Based Team)
Are you aware if there is a Safety Plan in place to prevent a similar incident with this adult? 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/Safety plan? YES NO
*Describe the events leading up to the restraint (e.g. where, when, triggers, interventions):

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

Part 5: Signature of Principal/Site Supervisor

Please check that this incident has been recorded in the Incident Book? YES

Principal/Site Supervisor Date
Distribute to:
School/Site Health & Safety Committee Student File (if applicable) SDO, Student Services
Fax Original to DMI at 1-866-963-9994 SDO, Employee Personnel File District Safety Officer at 604-792-5220 roy_paul@sd33.bc.ca
District Health and Safety Manual Section 4102
Revised 2014 <http://www.sd33.bc.ca/staff/resources/health-safety>