



VIOLENT INCIDENT REPORT FORM

This form is to be completed by the adult most directly involved in the violent incident. Where necessary, assistance will be provided by the school's Administration.

Date:

Time:

School:

Name(s) of Students involved

Report filed by:

Location of Incident:

School activity underway at the time:

Brief Description of Incident:

In your opinion this incident involving violence can be best categorized as: (check more than one box if necessary)

- | | |
|---|---|
| <input type="checkbox"/> Verbal abuse to staff | <input type="checkbox"/> Verbal threat to staff |
| <input type="checkbox"/> Sexual assault against staff | <input type="checkbox"/> Verbal threat to a student |
| <input type="checkbox"/> Verbal abuse to student | |
| <input type="checkbox"/> Sexual assault against student | <input type="checkbox"/> Physical assault against staff |
| <input type="checkbox"/> Written threat to staff | <input type="checkbox"/> Physical assault against student |
| <input type="checkbox"/> Violence by intruder/trespass | |
| <input type="checkbox"/> Written threat to a student | |
| <input type="checkbox"/> Gang related incident | <input type="checkbox"/> Bullying/Intimidation |
| <input type="checkbox"/> Students fighting | <input type="checkbox"/> Property damage/vandalism |
| <input type="checkbox"/> Inciting others to violence | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Racial confrontation | |

		Minor			Major	
Degree of Seriousness		1	2	3	4	5

Personal Injuries(if any):

Describe any necessary medical attention required:

Did the incident involve: Gang (s) yes no Name of Gang(s) involved:

Fire: yes no Weapons: yes no Type:

Drugs/Alcohol: yes no

Names of people involved (if known)

Names of Witnesses (if any)

Phone:

Property damage (if any):

Police Attended: yes no Officer's Name:

Police Action Taken :

Police File No.:

Parents/Guardians notified: yes no Name of Person contacted:

School Action Taken:

Name

Name

Suspensions: yes no

No. of Days:

No. of Days:

Trespass Warning:

Parent Interview:

Recommended for Expulsion:

Other:

Please briefly outline any previous disciplinary actions taken against any person named on this report as an offender or victim. *(Use a separate sheet if necessary.)*

This report completed by:

Signature

Title

Administrator's Signature

Date

TO BE FORWARDED TO THE SUPERINTENDENT WITHIN 24 HOURS