

SD #64 – Health and Safety Committee

School District #64 (Gulf Islands)
Occupational Health and Safety Committee

VIOLENCE INCIDENT REPORT

Date: _____

Name of Facility: _____

Name of Employee: _____ Occupation: _____

Date of Incident: _____ Time of Incident: _____

Type of Incident (Please check appropriate box):

Physical Verbal Weapon used: _____

Description of Incident: _____

(continue of reverse side)

Witness(es): 1. _____

2. _____

3. _____

Assailant's Name: _____

Assailant's Address: _____

If above information not available, give description:

Male Female Age: _____ Height: _____ Weight: _____

Hair colour: _____ Hair Length: _____

Type of Clothing: _____

(Continued on reverse)

Other Identifying Features: _____

Action Taken: _____

Administrator notified: Yes No

Parent/Guardian notified: Yes No

Police notified: Yes No

 If 'yes', name of officer: _____

(Description of incident continued): _____

Copy to: District Occupational Health & Safety Committee
 Site Occupational Health & Safety Committee
 Superintendent of Schools