



VIOLENT INCIDENT REPORT FORM

The NESD recognizes that employees have a right to a safe working environment. To maintain a safe environment, it is important that incidents of violence be reported so that steps can be taken to increase safety.

Violent incidents to report include: the attempted or actual exercise of physical force against a person and any threatening statement or behaviour that gives anyone reason to believe that physical force will be used against them.

Staff, students or volunteers who have been victims of violence at work or at their school should complete this form as soon as possible and submit to the appropriate Superintendent.

Filing this report:

1. If this incident involves:
 - a. an employee, parent or volunteer, it will be forwarded to the Superintendent of Human Resources; or
 - b. a student, it will be forwarded to the Superintendent of Student Services.

1. IDENTIFYING INFORMATION

Name:	Job Title:
Time/Date of Incident:	School/Site:
Location of incident:	
Type of Incident (verbal/written or physical):	
<u>Verbal</u> <input type="radio"/> Abuse/abusive language <input type="radio"/> Threatened in-person <input type="radio"/> Threatened by telephone <input type="radio"/> Written abuse <input type="radio"/> Written threat	<u>Physical</u> <input type="radio"/> Struck <input type="radio"/> Pushed <input type="radio"/> Kicked <input type="radio"/> Scratched <input type="radio"/> Spit <input type="radio"/> Other (please specify) _____
Medical attention/first aid obtained? __ Yes __ No	Advised of right to consult doctor? __ Yes __ No
WCB Forms completed? (Non-teaching staff) __ Yes __ No	Marsh School Incident Report Form completed? __ Yes __ No
Witnesses? __ Yes __ No Names of Witnesses:	Police called? __ Yes __ No If yes, when? _____
Reported to supervisor? __ Yes __ No If not supervisor, who reported to? _____	Other action taken:



2. ALLEGED ASSAILANT

<ul style="list-style-type: none">○ Employee○ Parent○ Student○ Other (<i>please specify</i>) _____
Name (<i>if known</i>): _____

3. INCIDENT

Describe the incident below (what was said or done) or attach report: Be as specific as possible including any information about injuries.

Complainant Signature: _____

Date: _____

Principal/Supervisor
Signature: _____

Date: _____



4. OTHER INFORMATION/RESPONSE TO INCIDENT (to be completed by Principal/Supervisor)

Are you aware of the assailant being involved in any previous violent incidents with staff or students?

Yes No

If yes (provide details)

Are there any measures in place to prevent a similar incident? Yes No

If yes (provide details)

Supervisor's Recommendation/Response to Incident (s):

(Please outline follow-up and/or actions to take place and conducted by whom).

Reviewed by (Superintendent): _____

Signature: _____