SAVE/PRINT A COPY FOR YOUR RECORDS. FORWARD COPY TO YOUR SUPERVISOR.



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?		
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-employ	yee	
Name:		
Name will be kept confidential NAME	PEN	AGE MINISTRY CAT. (if app.)
Type of Incident: □ Struck □ Pushed □ Verbal □ Weapons □ Sexual □ Other (specify) □	Threat Kick	
Describe the Incident: (□ Additional pages attached)		
Were you Injured? YES NO NOT SURE Comment		
Damage to Personal Property (i.e. glasses)		
If you answered YES or NOT SURE, fill out Employee Injury/Accident Report Form		
Part 3: Actions Required		
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To your knowledge, has the individual been involved in any previous incident? \Box YES \Box 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?		
*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	t 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?		
Principal/Site Supervisor		Date
Distribute to:		
□ School/Site Health & Safety Committee □ Email copy to workplaceviolentincident@sd33.bc.ca		
Revised: May 2018		