

VIOLENT INCIDENT REPORT

1. INFORMATION ABOUT THE VICTIM

Name _____

Position _____ School _____

2. INFORMATION ABOUT THE INCIDENT

Date of Incident _____ Time of Incident _____

Location Where Incident Occurred _____ [specify facility (e.g. school name) and location (e.g. gym, classroom, etc.)]

Type of Incident: Threat _____ Physical Assault _____

Did the perpetrator have anything in his/her possession that could be used as a weapon or that he/she threatened to use as a weapon?

Describe _____

Was a weapon used against you? _____

Describe, in detail, what occurred during the incident:

(If you require more space, please set out the detail on a separate page and attach to this form.)

3. INFORMATION ABOUT ANY INJURY SUSTAINED

Were you injured during the incident? _____ If so, please describe the injury:

Did you require first-aid or any other medical attention? _____ If so, please describe aid obtained: _____

4. INFORMATION ABOUT THE PERPETRATOR

Do you know the identity of the perpetrator? _____

Name of the perpetrator? _____

Was the perpetrator a(n): Employee ___ Student ___ Parent ___ Other ___ If you do not know the name, please provide details that may assist in identification:

5. INFORMATION ABOUT WITNESSES TO THE INCIDENT

Name of witnesses to incident, if any: _____

Date

Signature