Incident Report: Violence/Threat to Employee

Complete and submit to Principal whenever there is a violent or threatening incident.

If the injury required a visit to the doctor or time off work, WorkSafeBC documentation should also be completed.

School Information

SCHOOL NAME

ADDRESS | TELEPHONE

Employee Information

NAME | POSITION | YEARS OF EXPERIENCE

TELEPHONE | DATE OF INCIDENT | TIME OF INCIDENT

Type of Incident

NEAR MISS | PROPERTY DAMAGE

INJURY (FIRST AID, MEDICAL AID, LOST TIME) | VERBAL AGGRESSION

PHYSICAL AGGRESSION | OTHER

Witnesses (attach witness statements if needed)

NAME | COMMENTS

Was there an injury? ☐ Yes ☐ No

DESCRIBE TYPE AND LOCATION OF INJURY AND FIRST AID INTERVENTION

Referral (add check boxes for each but leave space for comments if necessary)

NONE REQUIRED | THREAT ASSESSMENT

ADMINISTRATION | SCHOOL COUNSELLOR

AMBULANCE/HOSPITAL | FIRST AID

DOCTOR VISIT | POLICE

society christian schools
british columbia

Incident Investigation Form: Violence/Threat to Employee
continued

Incident Description (include events leading up to incident)

Actions (immediate action taken)

Has the student been involved in any previous incident? ☐ Yes ☐ No
Is there a Student Behaviour Plan in place? ☐ Yes ☐ No
Is there a Staff Safety Plan in place? ☐ Yes ☐ No

RECOMMENDED FOLLOW-UP MEASURES	PERSON RESPONSIBLE	COMPLETION DATE

Investigators

INVESTIGATED BY SIGNATURE

COMMENTS

REVIEWED BY SIGNATURE

COMMENTS

Status ☐ Complete ☐ Monitor ☐ Requires further investigation