



qathet School District
Violent Incident Report

Date of Incident: (mm/dd/yy)	School Location of Incident:		
Exact Location of Incident:			Time of Incident:
Full Name of Employee Involved:			Occupation:
Type of Incident (Check appropriate): <input type="checkbox"/> Physical Violence <input type="checkbox"/> Threat of Violence			
Action Taken: <input type="checkbox"/> Administrator notified <input type="checkbox"/> Safety Committee notified <input type="checkbox"/> Parent/Guardian notified (if applicable) <input type="checkbox"/> Police notified <input type="checkbox"/> Have site staff been advised			
Person Making/Committing Threat/Violence			
Full Name:		Address:	
Is this a: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Other			
Description of Injury (if any):			
Action Taken: Attending Physician <input type="checkbox"/> Yes <input type="checkbox"/> No Time Loss <input type="checkbox"/> Yes <input type="checkbox"/> No Have appropriate WCB forms been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe Incident (attach additional page if necessary):			
Witnesses (if any):			
Completed By:		Date: (mm/dd/yy)	

Submit the completed form to healthandsafety@sd47.bc.ca