



**qathet School District**  
**Violent Incident Report**

<b>Date of Incident:</b> (mm/dd/yy)	<b>School Location of Incident:</b>		
<b>Exact Location of Incident:</b>			<b>Time of Incident:</b>
<b>Full Name of Employee Involved:</b>			<b>Occupation:</b>
<b>Type of Incident (Check appropriate):</b> <input type="checkbox"/> Physical Violence <input type="checkbox"/> Threat of Violence			
<b>Action Taken:</b> <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			
<b>Person Making/Committing Threat/Violence</b>			
<b>Full Name:</b>		<b>Address:</b>	
<b>Is this a:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Other			
<b>Description of Injury (if any):</b>			
<b>Action Taken:</b> 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			
<b>Describe Incident (attach additional page if necessary):</b>			
<b>Witnesses (if any):</b>			
<b>Completed By:</b>		<b>Date:</b> (mm/dd/yy)	

Submit the completed form to [healthandsafety@sd47.bc.ca](mailto:healthandsafety@sd47.bc.ca)