

Violent Incident Reporting Form

Serious Student Incident Report Form - First Page

Staff Section

Employee to file report within 24 hours of incident.

Administrator sends to distribution list within 24-48 hours.

School:

Aggressor's Name (Name all that apply)

Add Another Answer

Date and time of incident

Date

Time

Location of Incident(check one)

- A Location in the School or on School Property (please specify)
 On a School Bus (please specify route #)
- At School-Related Activity (please specify)
 Other (please specify)

If Other, please specify

Nature of Incident : (Check all that apply) Verbal:

- Abuse
 Threat

Select up to 2 answers

Nature of Incident : (Check all that apply) Physical:

- Bite
 Punch
 Kick
 Scratch
- Pinch
 Spit
 Slap
 Other

Select up to 8 answers

If you selected Other (Please Specify)

Injuries Sustained: (Check all that apply.)

- | | | | |
|-----------------------------------|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Arm | <input type="checkbox"/> Hand | <input type="checkbox"/> Face | <input type="checkbox"/> Head |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Neck | <input type="checkbox"/> Chest | <input type="checkbox"/> Back |
| <input type="checkbox"/> Leg | <input type="checkbox"/> Foot | <input type="checkbox"/> Other | |

If you selected Other (Please Specify)

Weapon(s) Involved:

- No
- Yes

If Yes, specify:

Repeat incident involving the same offender(s):

- Yes
- No

Has Worker been trained in CPI, NCI or BMS?

- Yes
- No
- Other
- N/A

If you selected Other (Please Specify)

Emergency Services Called:

- No
- Yes

If Yes, specify (Police, Fire, Ambulance):

Please note:

Employer must submit the [Supervisor's Report of Injury/Incident Form](#)

IF applicable, the employee will submit the [Safe Schools Reporting Form, Part 1](#)

First and Last Name of staff member submitting report

Date:

Work Location

Telephone Number

Signature of the Worker:

Principal

To be filled out by Principal

Details of the Incident and Follow Up Action Required (To be filled in by the Direct Supervisor):

Department/School

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Summary of Incident:

If the incident involves a student, parent notified:

- Yes
- No
- N/A

Is there a Safety Plan in Place?

- Yes
- No

Was the Protocol followed?

- Yes
- No
- N/A

Is there a Behavior Plan in Place?

- Yes
- No

Recommendations to Prevent Recurrence

If a Safety Plan is in place, they must be reviewed following incident as soon as possible and in a timely manner.

Injury Category:

No Injury OSBIE WSIB Injury without Medical Attention

Investigation in progress

_Once investigation is completed, principal to communicate results to the teacher at a mutually convenient time*

_Once investigation is completed, principal to communicate results to other board employee(s) at a mutually convenient time, as appropriate*

Investigation completed

_Principal to communicate results to the teacher at a mutually convenient time*

_Principal to communicate results to other board employee(s) at a mutually convenient time, as appropriate*

First Name:

Last Name:

Date:

Signature of the Supervisor: (Principal/Manager)

Sign

Superintendent

To be filled by Superintendent

First Name:

Last Name:

Date:

Signature of the Superintendent:

Sign

Please print a copy of this form for OSR

