

# Violent Incident Report

## Serious Student Incident

### Section A – Completed by Employee

- **Employee** to file report within 24 hours of incident.
- **Administrator** sends to distribution list within 24-48 hours.

<b>School / Department:</b>	<b>City / Town:</b>
<b>Aggressor's First Name(s):</b>	<b>Aggressor's Last Name(s):</b>
<b>Date of incident (YYYY/MM/DD):</b>	<b>Time of incident: (HH:MM; pm or HH:MM am)</b>
<b>Location of incident:</b>  <b>Check appropriate box and provide further detail below</b> <input type="checkbox"/> At a location in the school or on school property (specify) <input type="checkbox"/> At a school-related activity (specify) <input type="checkbox"/> On a school bus (specify route number) <input type="checkbox"/> Other (specify)	
<b>Detail(s) of location of incident:</b>	
<b>Nature of Incident - Verbal:</b> Select all that apply  <input type="checkbox"/> Abuse <input type="checkbox"/> Threat	
<b>Nature of Incident - Physical:</b> Select all that apply.  <input type="checkbox"/> Bite <input type="checkbox"/> Punch <input type="checkbox"/> Kick <input type="checkbox"/> Scratch <input type="checkbox"/> Pinch <input type="checkbox"/> Spit <input type="checkbox"/> Slap  <input type="checkbox"/> Other (explain below):	

<b>Injuries Sustained:</b> Select all that apply.		
<input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face	<input type="checkbox"/> Foot <input type="checkbox"/> Head <input type="checkbox"/> Hand <input type="checkbox"/> Leg	<input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Other _____
<b>Weapon(s) Involved:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify:		
<b>Repeat incident involving the same offender(s)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has worker been trained in CPI, NCI, or BMS?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other  If other, specify:		
<b>Emergency Services Called?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, specify:  <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance		

**Note: Employer must submit Supervisor's Report of Injury / Incident Form**

**If applicable, the Employee will submit a Safe Schools Reporting Form, Part 1.**

**Attestation of Employee Submitting Report**

<b>First Name:</b>	<b>Last Name:</b>
<b>Work Location:</b>	<b>Telephone Number:</b>
<b>Employee Signature:</b>	

## Section B – Completed by Principal

Details of the incident and follow up action required (to be filled in by direct Supervisor)

<b>School / Department:</b>	<b>City / Town:</b>
<b>Summary of Incident:</b>	
<b>If the incident involves a student, parent notified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Is there a Safety Plan in Place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Was the protocol followed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is there a Behaviour Plan in Place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Recommendation(s) to prevent reoccurrence:</b> (mandatory)	

**If a safety plan is in place, they must be reviewed following the incident as soon as possible and in a timely manner.**

<b>Injury category:</b>	
<input type="checkbox"/> No injury <input type="checkbox"/> OSBIE <input type="checkbox"/> WSIB <input type="checkbox"/> Injury without medical attention	
<b>Select as necessary:</b>	
<input type="checkbox"/> <b>Investigation in progress</b>	
<input type="checkbox"/> Once investigation is completed, principal to communicate results to the teacher at a mutually convenient time.	
<input type="checkbox"/> Once investigation is completed, principal to communicate results to other Board Employees at a mutually convenient time, as appropriate.	
<input type="checkbox"/> <b>Investigation completed</b>	
<input type="checkbox"/> Principal to communicate results to the teacher at a mutually convenient time.	
<input type="checkbox"/> Principal to communicate results to other Board Employees at a mutually convenient time, as appropriate.	
<b>First Name:</b>	<b>Last Name:</b>
<b>Supervisor Signature:</b>	<b>Date: (YYYY/MM/DD):</b>

**Section C – Completed by Superintendent**

<b>First Name:</b>	<b>Last Name:</b>
<b>Superintendent Signature:</b>	<b>Date (YYYY/MM/DD):</b>

**Print a copy of this form for OSR**

Rev 01.2023