# Beautiful Plains School Division

## Violent Incident Report Form

**The form below must be completed when any violent incident occurs that involves a Beautiful Plains School Division staff member while attending to their job. Reports should be submitted to your Supervisor.**

| **GENERAL INFORMATION:** | |
|---|---|
| **Date of Incident:** | **Time:** ☐ **a.m.** ☐ **p.m.** |
| **Name:** | **Job Title:** |
| | **School:** |
| **Location of Incident: (Please be specific)** | |
| **Type of Incident:** ☐ **Verbal** ☐ **Physical** | |

**Alleged Abuser(s):**

Name if known: _____

☐ Co-worker ☐ Visitor ☐ Student ☐ Other _____

**Names of witnesses and /or those providing assistance:**

☐ Co-worker ☐ Visitor ☐ Student ☐ Other _____

☐ Co-worker ☐ Visitor ☐ Student ☐ Other _____

☐ Co-worker ☐ Visitor ☐ Student ☐ Other _____

**DETAILED DESCRIPTION OF INCIDENT**

Describe incident: (use additional paper, if required)

**Medical Attention Required?** ☐ **Yes** ☐ **No**

_____ _____

Signature of Person Reporting Incident Date Submitted

_____ _____

Signature of Supervisor Date Received