



# 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.

<b>GENERAL INFORMATION:</b>	
Date of Incident:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name:	Job Title:
	School:
Location of Incident: (Please be specific)	
Type of Incident: <input type="checkbox"/> Verbal <input type="checkbox"/> Physical	

<b>Alleged Abuser(s):</b>
Name if known: _____
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Other _____

<b>Names of witnesses and /or those providing assistance:</b>
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Other _____
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Other _____
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Other _____

<b>DETAILED DESCRIPTION OF INCIDENT</b>
Describe incident: (use additional paper, if required)

<b>Medical Attention Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---

\_\_\_\_\_  
Signature of Person Reporting Incident

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date Received