



Violent Incident Report

Staff who have incurred a violent incident at work should complete this report as soon as possible. Upon completion, make 3 copies: 1 copy - to your principal/supervisor, 1 copy - to your Workplace Joint Health & Safety Committee, 1 copy - to your Regional Vice President and you keep the original.

PLEASE PRINT

Identifying Information

Member Name: _____

School District: _____

Job Title: _____

School / Workplace: _____

Medical attention or First Aid obtained? YES NO

WorkSafe Form 67 (Report of Accident form) YES NO

Reported to Supervisor? YES NO

Reported to Principal? YES NO

Reported to CUPE 2745 Health & Safety Rep? YES NO

Police Called? YES NO

Note: This form is in addition to Form 67 if you are injured

Action taken: _____

Individual Responsible

Student Visitor

Other (specify): _____

Identification (Initials, number, not name of student)

Other Information

Was the individual involved in any previous violent incidents with staff? YES NO

Are there any measures in place to prevent a similar incident? YES NO

Please provide any other information you think is relevant:

Incident Information

Date: _____

Time: _____ AM PM

Type of incident:

Verbal Threat Racial

Struck Kicked Scratched

Choked Bitten Spitting

Bullying Sexual Pushed

Throwing Objects

Other (specify): _____
