



Cowichan Valley School District

THREAT/VIOLENCE REPORT

Please print clearly
Use separate form for each employee

School District Facility: _____

Date of Incident: _____

EXACT Location of Incident: _____

Time of Incident: _____

Your Name: _____

Occupation: _____

YOUR FULL NAME: _____

Address: _____

Description of Injury (If any): _____

Did you attend at a medical facility or see a physician? Yes No

Name of Medical Facility/Doctor: _____

> Will there be time loss as a result of this incident? Yes No

> Are you claiming compensation? Yes No

IF YES, have you completed WCB Form 6A? Yes No

IF YES, has a School District Accident Investigation Report been completed and forwarded to the District Safety Office? Yes No

TYPE OF INCIDENT: (Check appropriate boxes)

- Assault Threat Weapon Involved
- Physical Verbal Intimidation

Witnesses: If not an employee, include address and phone number.

Describe Incident: (Include what acts, failure to act and/or conditions contributed to this incident, what person said/did. Use reverse side if more space required)

Recommendations: (Note Training, Communication Skills, and Building Security; if student indicate if IEP is being reviewed and note recommendations, etc.; and any other factors that will reduce the possibilities of further violent incidents. Use reverse side if more space require.)

Completed By: _____ **Date:** _____

Copy to the Occupational Health and Safety Manager

PERSON COMMITTING ASSAULT/THREAT:

*Student: Parent: Other: _____

FULL NAME: _____

*Is he/she designated Special Needs? Yes No If Yes: cc report to S.S.S.

*Does he/she have a Safety Plan? Yes No If Yes: cc report to S.S.S.

Description of Person Committing Assault/Threat: (if person not well known & court action possible)

Male: Female: Age: _____ Weight: _____ Height: _____

Hair Colour & Length: _____

Clothing: _____

Other Identifying Marks: (Scars, Tattoos, Birth Marks, Etc.)

ACTION TAKEN:

- Administrator Notified Site Staff Advised
- OHS Manager Notified Parent/Guardian Notified
- District Staff, Incl. Bus Drs., Itinerants, Etc.

Advised In Case Contact with Subject Possible

Police Notified -- Police Case File Number: _____

Name of Investigating Police Officer: _____

Criminal Charges Contemplated: Yes No