Date of Incident:

Time of Incident:

Occupation:

School District Facility:

**EXACT** Location of Incident:

Your Full Name:

Type of Incident:

Threat/Verbal Intimidation Verbal Abuse Physical Assault Physical Intimidation Physical Assault Weapon Involved

Witnesses (if not employee, include address and phone number):

Person Committing Assault/Threat:

**Complete for ALL incidents:**

* Did you sustain an injury that will require you take time off work? Yes No
* Did you sustain an injury that required first aid, or will/did require medical treatment? Yes No
* Are you filing a WorkSafeBC claim? Yes No

**\*IF YES** to any of the above, you must complete the Worker’s Report of Injury (Form 6A) on the SD79 website and submit to your Supervisor or directly to the Health and Safety Manager

\*The form 6A will prompt the related reporting and investigation of the incident as required by WorkSafeBC.

FULL NAME:

Parent Other **Complete Section A**

Student **Complete Section B**

**Describe the Incident:**

**SECTION A**

**Description of Person Committing Assault/Threat:**

Male Female Age: Weight: Height:

Hair Colour & Length:

Clothing:

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

**SECTION B**

* **Is the incident a result of behavior/violence between students – \* IF YES** proceed with office visit protocols Yes No
* Is the individual (Person Committing Assault/Threat) designated Special Needs? Yes No
* Does the individual have a Safety/Behavior Plan that includes the behaviors that prompted this incident? Yes No
* Was the Safety/Behavior Plan followed? Yes No

**To be completed by Administration:**

* Is there a Safety/Behavior plan that includes these behaviors? Yes No
* Was the plan followed adequately? Yes No
* Were there any factors that prompted the incident that are not included in the plan? Yes No

Comments/Recommendations:

**INCIDENT REPORT NUMBER** (School initials-MMDD-number: ex. EMP-1112-2):