



VIOLENT INCIDENT REPORT FORM

1. General Information:	
Date of Incident:	Time:
Name of Employee:	Job Title:
School:	
Location of Incident:	
Type of incident:	
RCMP Called: (circle) YES or NO	Advised of right to consult a medical professional: (circle) YES or NO
Medical attention/first aid obtained: (circle) YES or NO	
2. Witness Information:	
Name:	Phone number:
Name:	Phone number:
Name:	Phone number:
3. Accused Information	
Name:	Employee - Student - Parent/Guardian (circle)
	or Other:
Contact Information:	
Was the accused involved in previous violent incidents?	(circle) YES or NO
4. Please provide any other information you think is relevant:	