



**SCHOOL DISTRICT NO. 53 (OKANAGAN SIMILKAMEEN)
VIOLENT INCIDENT REPORT – Part 1 (to be completed by employee)**

Definition of Workplace Violence: *The attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe he or she is at risk of injury.” (WorkSafeBC OHS Regulation 4.27)*

This is a report of: **Act of Violence** **Attempt/Threat of Violence** **Risk of Violence**

School/site: _____ Specific location: _____

Date and time of incident _____ AM PM Date / time employee reported incident _____ AM PM

Name of employee reporting incident _____ Work Phone # _____

Name of employee(s) involved in incident (if different from above) _____

Name of administrator / supervisor _____ Work phone # _____

Name of witnesses: 1: _____ 2. _____ 3. _____

Description of the Incident: (describe sequence of events including those leading up to the incident and attach supporting documents)

Has this incident resulted in an injury to the employee? YES NO **If yes, complete the employee section of the injury report.**

PERSON COMMITTING ACT

IF KNOWN: Name: _____ Parent Other: _____
 Student, grade _____ Ministry designated student

ONLY COMPLETE IF PERSON IS UNKNOWN:

Male Estimate Age: _____ Height: _____ Hair Colour: _____ Hair Length: _____ Facial Hair: _____
 Female Weight: _____ Complexion: _____ Glasses? _____

Other identifying features (clothing, tattoos, scars, birthmarks, accent, etc) _____

VEHICLE INVOLVED (if applicable): Make: _____ Model: _____ Year: _____ Licence # _____
Colour: _____ Condition / Identifying features: _____

_____ **Print Name** _____ **Date** _____
Employee signature

Provide this report to your supervisor as soon as completed.