

## VIOLENT INCIDENT REPORT

### 1. INFORMATION ABOUT THE VICTIM

Name \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

### 2. INFORMATION ABOUT THE INCIDENT

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location Where Incident Occurred \_\_\_\_\_  
[specify facility (e.g. school name) and location (e.g. gym, classroom, etc.)]

Type of Incident: Threat \_\_\_\_\_ Physical Assault \_\_\_\_\_

**Did the perpetrator have anything in his/her possession that could be used as a weapon or that he/she threatened to use as a weapon?**

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Describe \_\_\_\_\_

Was a weapon used against you? \_\_\_\_\_

Describe, in detail, what occurred during the incident:

\_\_\_\_\_

\_\_\_\_\_

(If you require more space, please set out the detail on a separate page and attach to this form.)

### 3. INFORMATION ABOUT ANY INJURY SUSTAINED

Were you injured during the incident? \_\_\_\_\_ If so, please describe the injury:

\_\_\_\_\_

Did you require first-aid or any other medical attention? \_\_\_\_\_

If so, please describe aid obtained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. INFORMATION ABOUT THE PERPETRATOR**

Do you know the identity of the perpetrator? \_\_\_\_\_

Name of the perpetrator? \_\_\_\_\_

Was the perpetrator a(n): Employee \_\_\_ Student \_\_\_ Parent \_\_\_ Other \_\_\_

If you do not know the name, please provide details that may assist in identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. INFORMATION ABOUT WITNESSES TO THE INCIDENT**

Name of witnesses to incident, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature