

Administrative Procedure 434 Appendix A

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	
Parent/Caregiver contacted or involved: (circle) YES or NO	
2. Witness Information:	
Name:	Phone number:
Name:	Phone number:
Name:	Phone number:
3. Accused Source of Violence Information:	
Name:	☐ Employee ☐ Student ☐ Parent/Guardian ☐ Other: _____
Contact Information:	If a student was the source, what grade:
Was the accused involved in previous violent incidents? (circle) YES or NO	
4. Please provide any other information you think is relevant (Incident Context):	
5. Immediate Response or Resolution (choose any that apply): ☐ Staff de-escalation or redirection ☐ Room cleared or safety evacuation ☐ Hold & Secure ☐ Student removed from setting ☐ Incident ended before intervention ☐ Incident remains unresolved	

Submit completed form via email to jennifer.dorval@nwsd.ca