

SASKATOON CATHOLIC SCHOOLS

VIOLENT INCIDENT REPORT FORM

If you require more space, please provide details on a separate page and attach to this form.

1. Information about the Employee victim

Name: _____ Workplace: _____

Position: _____

2. Information about the incident

Date of incident: _____ Time of incident: _____

Location in workplace where incident occurred: _____

Type of incident: Threat _____ Physical assault _____ Other _____

Please describe the incident:

Did the perpetrator threaten to use a weapon? _____ Yes _____ No

Was a weapon actually used against you? _____ Yes _____ No

Please describe:

3. Information about any injury or property damage/loss sustained

Were you injured during the incident? Yes No

Did you suffer any property damage/loss Yes No

Please describe the injury or damage/loss and attach a copy of the Injury Report Form:

Did you require medical attention: Yes No

If so, please describe:

4. Information about the perpetrator

Do you know the identity of the perpetrator? Yes No

If yes, name of perpetrator _____

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

5. Information about witnesses to the incident

Names of witnesses to incident, if any: _____

Please provide a copy of this Report to your principal/supervisor.

Signature

Date