



# ATTACHMENT A POLICY 770 THREAT/VIOLENCE REPORT

**Definition of 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 behavior which gives a worker reasonable cause to believe that he or she is at risk of injury.” *WorksafeBC Regulation Part 4 Section 27.*

**Please print clearly. Use a separate form for each employee. If necessary, please provide additional information on a separate sheet.**

School District Facility: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Full Name of Employee Involved: \_\_\_\_\_

Occupation: \_\_\_\_\_

**TYPE OF INCIDENT:** (Check appropriate boxes)

- Assault
- Physical
- Weapon included
- Other \_\_\_\_\_
- Intimidation
- Verbal
- Written

**PERSON COMMITTING ASSAULT/THREAT:**

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Intruder
  - Student
  - Parent
  - Staff
  - Other

Name of Investigating Police Officer: \_\_\_\_\_ Police Case File No. \_\_\_\_\_

Criminal Charges Pending:  Yes  No

**DESCRIBE INCIDENT:** (include what acts or failure to act, weapons, property damage and/or conditions contributed to this incident, what persons involved said/did).

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

**DESCRIPTION OF PERSON COMMITTING ASSAULT/THREAT:** (if intruder not known and court action possible)

Male  Female  Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color & Length: \_\_\_\_\_

Clothing: \_\_\_\_\_

Other identifying marks: (Scars, tattoos, birth marks, etc.) \_\_\_\_\_

**WITNESSES:** (if any)

To be completed by worker

To be completed by Administrator

**ACTION TAKEN:**

**WORKER'S DESCRIPTION OF INJURY: (if any)**

District Student Support Services Notified

\_\_\_\_\_

Safety Officer Notified

\_\_\_\_\_

Parent/Guardian Notified

Police Notified

Attending Physician:

Yes  No

Site Staff Notified Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Loss:

Yes  No

**NOTIFICATION RATIONALE:**

\_\_\_\_\_

**RECOMMENDATIONS: (regarding training, communication skills, building security, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_  
Worker

**REVIEWED BY:** \_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Secretary-Treasurer