



Violent Incident Report

Identifying Information

Name _____	Position _____
Contact Number _____	Address _____
School/Department _____	
Location of Incident (specify, e.g.: office, hallway, classroom, school grounds, etc.) _____ _____	
Date and Time of Incident _____	
Type of Assault <input type="checkbox"/> Verbal <input type="checkbox"/> Hit <input type="checkbox"/> Pushed <input type="checkbox"/> Other _____	
(Add additional information on the nature of the assault, as appropriate (e.g.: struck with ..., bitten, etc.) _____ _____ _____	
Describe the incident (what happened) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Was medical attention/first aid obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

