



Violent Incident Report

Steps to follow filing a complaint – details in Policy GAF-R

1. Submit Violent Incident Report form to School Principal/Direct.
2. School Principal/Director acknowledges receipt, in writing by signed copy of this form, to complainant with copy to Superintendents' Department, c/o Norma Gwizon.
3. School Principal/Director reviews complaint.
4. School Principal/Director investigates complaint, writes a report stating findings.
5. School Principal/Director informs all parties in writing of outcome of the investigation.
6. Appeal.

Identifying Information (Complainant)

| | |
|---|---|
| Name _____ | Position _____ |
| Contact Number _____ | Address _____ |
| School/Department _____ | |
| Location of Incident (specify _____ _____ _____ | |
| 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 | |

Information of the Individual with whom the incident occurred (Respondent)

| | | | |
|--|-------------------|---------------|---------------|
| Individual's name and/or position, if known. _____ | | | |
| _____ | | | |
| Description: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Age: _____ | Complexion: _____ | Height: _____ | Weight: _____ |
| Other: _____ | | | |
| _____ | | | |
| _____ | | | |

Witness Information

| |
|--|
| Number of Witnesses: _____ |
| Witness(es)'s Name(s) and Position(s), if known. If not known include a description. |
| _____ |
| _____ |
| Other: _____ |
| _____ |
| <input type="checkbox"/> There were no witnesses. |

General Information

| | | |
|---|------------------------------|-----------------------------|
| Was this incident reported to the supervisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was this incident reported to the police? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you initiated an investigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of Supervisor: _____ | | |

Signature of Complainant

Date

School Principal/Director Acknowledgement of Complaint

The Violent Incident Report was received on the date noted below. It will be reviewed and investigated, the respondent will be informed and the complainant and respondent will be provided with my written findings and conclusions per Policy GAF-R

Signature of Principal/Director

Date

Copy to: Complainant
Superintendents' Department, c/o Norma Gwizon