Violent Incident Report Form

1. General Information	
Date of Incident	Time ☐ a.m. ☐ p.m.
Name of employee	Job title
Employee number	Department/Campus
Location of incident (select all that apply): Parking lot ☐ Classroom ☐ Stockroom ☐ Counter/reception area ☐ Other _____	
Type of incident (select all that apply): ☐ Verbal Threat ☐ Pushed ☐ Scratched ☐ Bitten ☐ Struck ☐ Other _____	
Police Called: Yes ☐ No ☐	Advise of right to consult a medical professional Yes ☐ No ☐
Medical attention/first aid obtained: Yes ☐ No ☐	WCB form completed: Yes ☐ No ☐
Please describe the incident:	

2. Witness Information:	
Name	Phone Number
Name	Phone Number
Name	Phone Number

3. Suspect Information:
☐ Student ☐ Current Employee ☐ Former Employee ☐ Delivery Person ☐ Other _____
Name and contact information of suspect (if known):
Was the unknown suspect involved in previous violent incident Yes ☐ No ☐
4. Please provide any other relevant information you think is relevant: