



Violent Incident Report

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(check all that apply)

PART 1:

<i>(Victim or Complainant)</i> Name:	Employee (7-digit) ID #:	<input type="checkbox"/> Male	Date of Incident:	Time of Incident:
		<input type="checkbox"/> Female		
School/Facility:				

<i>(Accused Student)</i> Name:		<i>(Accused Employee)</i> Name:			<i>(Accused Visitor)</i> Name:
Age: _____	Repeat Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HWETL	<input type="checkbox"/> CUPE	<input type="checkbox"/> COPE	<input type="checkbox"/> Contractor <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Other (<i>Specify</i>) _____
Grade: _____		<input type="checkbox"/> HOWETL	<input type="checkbox"/> CUPE Security	<input type="checkbox"/> PASS <input type="checkbox"/> Elem. Principal	
		<input type="checkbox"/> OSSTF Occasional	<input type="checkbox"/> OCTU	<input type="checkbox"/> Sec. Principal	
		<input type="checkbox"/> DECE	<input type="checkbox"/> PSSP	<input type="checkbox"/> Other	
			<input type="checkbox"/> ESL		

Location of Incident

<input type="checkbox"/> Hallway	<input type="checkbox"/> Library	<input type="checkbox"/> Lab	<input type="checkbox"/> Washroom	<input type="checkbox"/> Entrance	<input type="checkbox"/> Other
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Shop	<input type="checkbox"/> Stairs	<input type="checkbox"/> Playground/Yard	(<i>Specify</i>): _____

Category of Incident (Ministry Of Education)
<input type="checkbox"/> Possession of Weapons <input type="checkbox"/> Threats of Serious Physical Injury <input type="checkbox"/> Physical Assaults Causing Serious Bodily Harm <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Robbery <input type="checkbox"/> Hate-Related Violence <input type="checkbox"/> Vandalism Causing Extensive Property Damage

Category of Incident (Ministry Of Labour)
<input type="checkbox"/> The exercise of physical force that causes or could cause injury to a worker <input type="checkbox"/> An attempt to exercise physical force that could cause physical injury to a worker <input type="checkbox"/> A statement or behavior that it is reasonable for a worker to interpret as a threat to exercise physical force that could cause physical injury

***Note:** A copy of this form must be placed in the student's OSR if any of the above MOE criteria is met.

Nature of Incident

<input type="checkbox"/> Punch	<input type="checkbox"/> Strike	<input type="checkbox"/> Pull	<input type="checkbox"/> Squeeze	<input type="checkbox"/> Trip	<input type="checkbox"/> Intimidate
<input type="checkbox"/> Kick	<input type="checkbox"/> (object)	<input type="checkbox"/> Push	<input type="checkbox"/> Scratch	<input type="checkbox"/> Bite	<input type="checkbox"/> Other
	<input type="checkbox"/> Pinch				(<i>Specify</i>): _____

Details of Incident (Do not include names) *Attach additional sheets, if required*

Employee Signature: _____

Date Submitted: _____

Part 2: Response (Corrective Action Initiated) Administrative Use Only

<input type="checkbox"/> Behaviour Plan Initiated <input type="checkbox"/> Behaviour Plan Reviewed/Revised <input type="checkbox"/> SIP Initiated <input type="checkbox"/> SIP Reviewed/Revised	<input type="checkbox"/> Safe Schools Referral <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion Recommended	<input type="checkbox"/> Internal Consultant Referral <input type="checkbox"/> External Consultant Referral <input type="checkbox"/> Other (please describe): _____ _____	<input type="checkbox"/> Visitor Consultation <input type="checkbox"/> Employee Consultation <input type="checkbox"/> Police Called Badge # _____ Incident# _____
Other Forms Completed: (If applicable) <input type="checkbox"/> S.I.I.R. <input type="checkbox"/> Other _____	Signature of Principal /Manager/ Designate: _____		Date of Inclusion in Student's OSR: _____

All workplace violence incidents shall be reported to the board in writing using the HWDSB Violent Incident Reporting Form (SF-20).

The Ministry of Labour defines Workplace Violence as:

- (a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- (b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- (c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

The Ministry of Education defines a Violent Incident as:

- possessing a weapon, including possessing a firearm
- physical assault causing bodily harm requiring medical attention
- sexual assault
- robbery
- using a weapon to cause or to threaten bodily harm to another person
- hate and/or bias-motivated occurrences

Please ensure that all the appropriate boxes are marked as per the category of incident.

Statements and or behaviours may include but be not limited to: threats, bullying, intimidation, shaking the fist at, clinch the fist at, and stalking behaviour.

The use of a weapon in violent circumstances must be reported to the Police. The use of a weapon by a student will also result in the completion of a Safe Schools Incident Reporting Form (Part 1).

Employees are to complete part one of this form- as applicable. Completed forms are to be submitted promptly and in confidence to the Principal/Manager/Supervisor. Do not hold up submitting a form waiting on one piece of information. Additional forms or an addendum can be submitted at a later point.

Each violent incident requires corrective action by the Principal/Manager/Supervisor.

The board is required to report violent incidents (as defined above by the MOE) per school to the Ministry of Education on an annual basis. As such, please ensure incidents are recorded in the appropriate fields in PowerSchool under Incident Elements, +, add Attribute, check box Violent Incident).

Principals/Managers/Supervisors are advised to keep copies of submitted forms for their records.

All completed forms are to be sent to the Health and Safety Office, Human Resources, Level 3,Ed Centre, 20 Education Court.

All forms are to be marked confidential and kept under lock and key.

Note: Other forms may also be required as per the nature of the incident.

Please contact the Health and Safety Department should any clarification be required: 905-527-5092 ext 2687

The information contained in this form is confidential and every reasonable step will be taken to maintain confidentially in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.