



# Violence & Threats of Violence Reporting Form

DATE OF REPORT			DATE OF INCIDENT			WEEKDAY OF INCIDENT							TIME OF DAY OF INCIDENT	
Day	Month	Year	Day	Month	Year	S	M	T	W	T	F	S		
													<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

A. INDIVIDUAL REPORTING	
Name: (first, last) _____	Telephone: _____
Job/Position/Student: _____	Site/School Address: _____
Department/Section: _____	
Have you reported this to your supervisor/Principal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. INDIVIDUAL ALLEGED TO HAVE VIOLATED REGULATION	
Name: (first, last) _____	
Physical Description: (If name of person is unknown) _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female    Estimated Age: _____    Height: _____    Weight: _____	
Hair Colour: _____    Hair Length: _____    Complexion: _____	
Facial Hair: _____    Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Colour: _____	
Clothing: _____	
Other Identifying Features: (tattoo, scar, birth mark) _____	
Site/School/Address: _____	Telephone: _____
Department/Section _____	Job/Position/Student (if known) _____
Relationship between employee/student target of behaviour and individual alleged to have been violent (if any)	
<input type="checkbox"/> Co-Worker <input type="checkbox"/> Student <input type="checkbox"/> Other	

C. TARGET OF THREAT/CONDUCT	
Name: (first, last) _____	
Site/School/Address: _____	Telephone: _____
Job/Position/Student: (if known) _____	
Physical Description: (If name of person is unknown) _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female    Estimated Age: _____    Height: _____    Weight: _____	
Hair Colour: _____    Hair Length: _____    Complexion: _____	
Facial Hair: _____    Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Colour: _____	
Clothing: _____	
Department/Section _____	Job/Position/Student (if known) _____

D. WITNESS(S)	
Name: (first, last) _____	
Site/School/Address: _____	Telephone: _____
Job/Position/Student: (if known) _____	
Physical Description: (If name of person is unknown) _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Estimated Age: _____    Height: _____    Weight: _____
Hair Color: _____	Hair Length: _____    Complexion: _____
Facial Hair: _____	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No    Eye Colour: _____
Clothing: _____	
Department/Section _____	Job/Position/Student (if known) _____

E. DETAILS OF THE INCIDENT
Type of incident (physical abuse, verbal abuse, threatening behaviour, verbal threat, written threat, damage to or threats to damage personal organization's property, domestic violence) _____
Outcome: (police called, medical assistance required, nature of the injury (physical, emotional shock or distress), suspension, target notified, PSN referral, Superintendent advised, etc.) _____
Location Specifics: _____
Other Details: (Drugs, Alcohol, Possession or use of a weapon) _____

F. SUBMIT THIS REPORT COMPLETED SECTION A. THROUGH F. TO THE SECRETARY TREASURER WITHIN 24 HOURS OF ALLEGED INCIDENT		
_____ Secretary-Treasurer	Facsimile: (780) 624-5941	Telephone: (780) 624-3601
_____ Signature of alleged victim	_____ Today's Date	

G. PEACE RIVER SCHOOL DIVISION NO. 10	
_____ Signature of Secretary-Treasurer	_____ Telephone
_____ Secretary-Treasurer (Print Name)	

H. INVESTIGATION <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Name of Assigned Investigator	_____ Telephone
This personal information is collected under the legal authority of Alberta's <i>Freedom of Information and Protection of Privacy Act</i> , <i>Occupational Health and Safety Act</i> and <i>School Act</i> , to administer the Occupational Health and Safety Act and Code. If you have any questions about the collection or use of this information, contact the Secretary-Treasurer at (780) 624-3601.	