

Regulation No. **4330-20A**
Date Approved:
Date Amended: **February 10, 2015**

4330-20 Threat and Violence Report

(Print clearly - Use another sheet if necessary. Forward copies to Administrative Officer & Board Office when complete.)

1. REPORT DETAILS:

Date & time of incident: _____ at _____ am/pm.
School/Location: _____
Name of employee involved: _____ Occupation: _____
Witnesses:

2. TYPE OF INCIDENT:

____ Threat/Intimidation ____ Assault ____ Possession of weapon ____ Use of weapon
Other:

Description of weapon(s) involved:

3. DESCRIBE INCIDENT: What happened which led to this incident? (Note any unsafe conditions that may have contributed to this incident.) Attach another page clearly numbered as "#3" if you need more space.

4. NAME OF PERSON MAKING THREAT (if known):

____ Parent ____ Student ____ Other: ____
Name: _____ Telephone Number _____
Address: _____

5. ASSAILANT DETAILS (if person unknown):

Male Female Estimated age: _____ Weight: _____ Height: _____

Glasses: Yes No Clothing: _____

Hair length: _____ Hair Colour: _____

Other identifying features: (scars, tattoos, birthmarks, etc.): _____

Speech	Language	Voice Tone	Accent	Manner
Fast	Educated	Loud	Local	Calm
Slow	Simple	Soft	Foreign	Emotional
Impediment	E.S.L.	Harsh		Laughing
Distinct	Cursing	High Pitch		Deliberate
Disguised		Low Pitch		

Vehicle make, model & age: _____ Colour: _____

License plate #: _____ Identification marks: (dents, rust, etc.) _____

Signature of Person Completing the Report (Items 1-5): _____ Date: _____

TO BE COMPLETED BY ADMINISTRATOR:

6. WAS THE EMPLOYEE WHO REPORTED THE INJURY OR ADVERSE SYMPTOMS ADVISED TO CONSULT A PHYSICIAN OF THE WORKER'S CHOICE FOR TREATMENT?

Yes No

7. WAS THE EMPLOYEE WHO REPORTED THE INJURY OR ADVERSE SYMPTOMS REFERRED TO THE EMPLOYEE AND FAMILY ASSISTANCE PROGRAM?

Yes No

8. ACTION TAKEN:

Parent/Guardian notified? Yes No

Have staff been informed? Yes No

Police notified? Yes No

Name of investigating officer: _____

Case #: _____

Summary of action taken:

Signature of Administrative Officer: _____ Date: _____

BOARD OFFICE USE ONLY:

9. FOLLOW-UP: (to be completed by Board Office)

Copy of Threat/Violence Report to Joint Occupational Health & Safety Committee.

_____ Yes _____ No Date: _____

Were the action(s) taken appropriate? _____ Yes _____ No

Is there any further follow-up required? _____ Yes _____ No

If so, what is required?

Follow-up completed by: _____ Date: _____
Administrative Officer/Supervisor

_____ Date: _____
School/Facility Based OH&S Committee

10. REVIEWED BY JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE:

Meeting Date: _____ Chair: _____

The personal information collected on this form is collected by School District No. 52 under the authority of the School Act, Section 15(1). The information will be used solely for the purpose of complying with Workers Compensation Board regulations and will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 52, 634 - 6th Avenue East, Prince Rupert, B.C. V8J 1X1. Telephone: (250) 624-6717 or Fax: (250) 624-6517.