

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

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**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.): \_\_\_\_\_

<b>Speech</b>		<b>Language</b>		<b>Voice Tone</b>		<b>Accent</b>		<b>Manner</b>	
Fast	<input type="checkbox"/>	Educated	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Local	<input type="checkbox"/>	Calm	<input type="checkbox"/>
Slow	<input type="checkbox"/>	Simple	<input type="checkbox"/>	Soft	<input type="checkbox"/>	Foreign	<input type="checkbox"/>	Emotional	<input type="checkbox"/>
Impediment	<input type="checkbox"/>	E.S.L.	<input type="checkbox"/>	Harsh	<input type="checkbox"/>			Laughing	<input type="checkbox"/>
Distinct	<input type="checkbox"/>	Cursing	<input type="checkbox"/>	High Pitch	<input type="checkbox"/>			Deliberate	<input type="checkbox"/>
Disguised	<input type="checkbox"/>			Low Pitch	<input type="checkbox"/>				

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?

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Follow-up completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrative Officer/Supervisor Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
School/Facility Based OH&S Committee Signature

**10. REVIEWED BY JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE:**

Meeting Date: \_\_\_\_\_ Chair: \_\_\_\_\_

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