



Following the occurrence of a violent incident, this report form must be completed by the victim and the Supervisor, and afterwards scanned and sent by the Supervisor via email to wshincident@pinecreeksd.mb.ca.

Victim Information

School:	
Name:	Position:
Location of Incident:	
Date and Time of Incident:	
Name of perpetrator:	
Position/Grade:	
Witness(es) to Incident:	

Type of Assault – Check one that applies in the scale.

1- Minor		2-		3-		4- Major	
Pinch		Marks left on body		Bite/Marks		Bite breaks skin	
Small Swat		Hit with wind up open/closed fist		Head butt		-----	
Other Threats		Threats discussion of violence		Threat to Kill		Threat to kill with description	
Grab & Release (to hand/arm)		Grab/hold with force to arm or torso		Grab/touch inappropriate place		Direct threat of violence/use of weapons	
Push		Shove to move		Push to fall with injury		Bodily Fluids used	
Kick		Kick with wind up		Repeatedly Kicking			
Other: _____		Other: _____		Other: _____		Other: _____	

If type of assault is between 2-4, briefly describe the incident:

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Use of Student Restraint – if applicable

Was the use of a restraint needed	Yes	No	If yes, check the reason why
Who applied the Restraint			Prevent student from doing self-harm
Which restraint was used			Prevent student from harming others
List the witness of the restraints			Purpose of Self-Protection

Employee Signature _____ Date: _____

Supervisor Signature: _____ Date: _____