



# Incident Reporting Form

Attachment B - Policy 770: Prevention of Violence in the Workplace

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Staff Member: \_\_\_\_\_

School: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Student Involved: \_\_\_\_\_

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**Description of Incident:**

*What happened, conditions that contributed to this incident.*

**Description of Injury:**

Debrief with Classroom Teacher/Resource Teacher or Principal, by end of school day if possible:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Witness(es):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Frequency:     1<sup>st</sup> time     occasionally     often     very often

Reported to:     Classroom Teacher                       Principal (cc: Resource Teacher)

----- **Principal to complete this section** -----

Follow-up with staff member by principal:

Report to:     District Principal of Support Services

Health & Safety Committee (H/S)

First Aid Required:             Yes             No

Form 6A Completed:             Yes             No

Copy to H/S Committee:             Yes             No

Plan reviewed:             Yes             No             Change Required

Safety Plan required:             Yes             No

Date submitted \_\_\_\_\_

\_\_\_\_\_  
Adopted: