



# Threat/Violence Report

USE ONE FORM FOR EACH INDIVIDUAL

## Employee Section

### 1. See Sections 7, 8 and 9 for Description of Person Making Threat

Worker Name:	Job Title:
Location/Site:	Date of Incident:
Time of Incident:::	Time Reported:
Reported to:	Title:

### 2. Type of Incident

<input type="checkbox"/>	Struck	<input type="checkbox"/>	Scratched	<input type="checkbox"/>	Verbal	<input type="checkbox"/>	Kicked
<input type="checkbox"/>	Pushed	<input type="checkbox"/>	Bitten	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Threat
<input type="checkbox"/>	Possession of Weapon	<input type="checkbox"/>	Use of Weapon	<input type="checkbox"/>	Other		

#### Assailant:

Student
                         
  Parent
                         
  Other

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

First Aid Required?       Yes       No

WCB Forms Completed?       Yes       No

### 3. Describe the threat (what the person said or did):

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(if necessary, attach additional pages)

### 4. Describe the problem (why the threat was made):

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(if necessary, attach additional pages)

5. Area Administration Office Notified?       Yes       No

Signed: \_\_\_\_\_

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

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

Please provide any other information you think may be relevant – use other side.

**Investigation:  
Principal/Supervisor**

**JOHS/Worker Rep**

**6. Action Taken**

Parent/Guardian notified:

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Police Notified:

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Police Attended:

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Name of Investigating Officer: \_\_\_\_\_ Case Number: \_\_\_\_\_

Summary of action taken:

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How have staff been informed:

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Worker advised they have a right to consult EFAP or their physician?

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Has a Threat Assessment been scheduled:

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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If not, why not?

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Was assailant previously involved in violent incidents with staff?

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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7. School/Location: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Comments:

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Signature of Principal/Supervisor: \_\_\_\_\_

Signature JOHS/Worker Rep: \_\_\_\_\_

Faxed to Safety Officer (date): \_\_\_\_\_

### 7. Description of Person Making Threat, if Unknown

Please check "√" appropriate boxes

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

### Physical Characteristics

Male     Female    Glasses: \_\_\_\_\_  
 Estimated Age \_\_\_\_\_     Yes     No    Hair Length \_\_\_\_\_    Hair Color \_\_\_\_\_  
 Weight \_\_\_\_\_    Height \_\_\_\_\_    Facial Hair \_\_\_\_\_    Complexion \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Other identifying features: (scars, tattoos, birth marks, etc.) \_\_\_\_\_

### 8. Description of Person Making Threat, If Known

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Parent     Student     Other     Customer  
 Visitor     Delivery person     Ex-employee     Any known previous incidents involving this person?  
 \_\_\_\_\_

### 9. Automobile or Other Vehicle

Make & Age \_\_\_\_\_ Colour \_\_\_\_\_  
 Model \_\_\_\_\_ License No. \_\_\_\_\_  
 Identification Marks: (dents, rust, etc.) \_\_\_\_\_

**Facial appearance**

Write below specific facial details that you definitely remember.

What did the suspect say?

Tool or weapon seen.

**Vehicle**

Colour: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Licence number: \_\_\_\_\_

Body style: \_\_\_\_\_ Damage/rust: \_\_\_\_\_

Antenna: \_\_\_\_\_ Bumper sticker: \_\_\_\_\_ Wheel covers: \_\_\_\_\_

Direction of travel: \_\_\_\_\_

SEX	AGE	HEIGHT	WEIGHT	RACE
<input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>General appearance</b>				
HAIR (Colour/style)	HAT (Colour/type)			
EYES (Glasses)	COAT			
COMPLEXION	SHIRT/BLOUSE			
JEWELLERY	PANTS/SKIRT			
SCARS/MARKS	SHOES			
TATTOOS	TIE			