* Within 24 Hours of the Alleged Incident, Submit Form Completed A through E to the Secretary-Treasurer at Facsimile Number (780) 332-1050

Violence & Threats of Violence Reporting Form

DATE OF REPORT			DATE OF INCIDENT			WEEKDAY OF INCIDENT							TIME OF DAY OF INCIDENT
Day	Month	Year	Day	Month	Year	S	M	T	W	T	F	S	
													_____ a.m. p.m.

A. INDIVIDUAL REPORTING

Name: (first, last)	**Telephone:**
Job/Position/Student:	**Site/School Address:**
Department/Section:	
Have you reported this to your supervisor/Principal? Yes No	

B. INDIVIDUAL ALLEGED TO HAVE VIOLATED REGULATION

Name: (first, last) _____

Physical Description: (If name of person is unknown) _____

Male Female Estimated Age: _____ **Height:** _____ **Weight:** _____

Hair Colour: _____ **Hair Length:** _____ **Complexion:** _____

Facial Hair: _____ **Glasses: Yes No** **Eye Colour:** _____

Clothing: _____

Other Identifying Features: (tattoo, scar, birth mark) _____

Site/School/Address:	**Telephone:**
Department/Section	**Job/Position/Student (if known)**
Relationship between employee/student target of behaviour and individual alleged to have been violent (if any)	
Co-Worker Student Other	

C. TARGET OF THREAT/CONDUCT

Name: (first, last)	
Site/School/Address:	**Telephone:**
Job/Position/Student: (if known)	

Physical Description: (If name of person is unknown) _____

Male Female Estimated Age: _____ **Height:** _____ **Weight:** _____

Hair Colour: _____ **Hair Length:** _____ **Complexion:** _____

Facial Hair: _____ **Glasses: Yes No** **Eye Colour:** _____

Clothing: _____

Department/Section	**Job/Position/Student (if known)**

D. WITNESS(S)

Name: (first, last)

Site/School/Address:	**Telephone:**

Job/Position/Student: (if known)

Physical Description: (If name of person is unknown) _____

Male **Female** **Estimated Age:** _____ **Height:** _____ **Weight:** _____

Hair Color: _____ **Hair Length:** _____ **Complexion:** _____

Facial Hair: _____ **Glasses:** **Yes** **No** **Eye Colour:** _____

Clothing: _____

Department/Section	**Job/Position/Student (if known)**

E. DETAILS OF THE INCIDENT

Type of incident (physical abuse, verbal abuse, threatening behaviour, verbal threat, written threat, damage to or threats to damage personal organization's property, domestic violence) _____
_____

Outcome: (police called, medical assistance required, nature of the injury (physical, emotional shock or distress), suspension, target notified, PSN referral, Superintendent advised, etc.) _____
_____

Location Specifics: _____
_____

Other Details: (Drugs, Alcohol, Possession or use of a weapon) _____
_____

F. SUBMIT THIS REPORT COMPLETED SECTION A. THROUGH F. TO THE SECRETARY TREASURER WITHIN 24 HOURS OF ALLEGED INCIDENT

Secretary-Treasurer	Facsimile: (780) 624-5941	Telephone: (780) 624-3601

_____ _____
Signature of alleged victim Today's Date

G. PEACE RIVER SCHOOL DIVISION

_____ _____
Signature of Secretary-Treasurer Telephone

_____
Secretary-Treasurer (Print Name)

H. INVESTIGATION Yes No

_____ _____
Name of Assigned Investigator Telephone

This personal information is collected under the legal authority of Alberta's *Freedom of Information and Protection of Privacy Act, Occupational Health and Safety Act* and the *Education Act*, to administer the Occupational Health and Safety Act and Code. If you have any questions about the collection or use of this information, contact the Secretary-Treasurer at (780) 624-3601.