

School District No. 63 (Saanich)

# Saanich Schools

## Health and Safety

2125 Keating Cross Road, Saanichton, BC, Canada V8M 2A5  
Fax: (250) 652-7372

(250) 652-7365

### Threat/Violence Report

**Definition of violence:** “The attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.” WorkSafe BC Regulation Part 4 Section 27.

Please print clearly. Use a separate form for each employee. If necessary, please provide additional information on a separate sheet.

School District Facility: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Full Name of Employee Involved: \_\_\_\_\_

Occupation: \_\_\_\_\_

**NAME OF STUDENT: (If Known)** \_\_\_\_\_ **D. O. B. (d)\_\_\_ (m)\_\_\_ (y)\_\_\_**

**TYPE OF INCIDENT:** (Check (✓) appropriate boxes)

- Assault
- Physical
- Weapon included
- Intimidation
- Other

**DESCRIBE INCIDENT:** (include what acts, failure to act and/or conditions contributed to this incident, what persons involved said/did)

To be completed by Worker

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**WITNESSES:** (if any)

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**Name of Investigating Officer:** \_\_\_\_\_

Police Case File Number: \_\_\_\_\_ Criminal Charges pending:  Yes  No

**DESCRIPTION OF PERSON COMMITTING ASSAULT/THREAT**  Male  Female

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair colour and length: \_\_\_\_\_

Clothing: \_\_\_\_\_

Other identifying marks (scars, tattoos, birthmarks, etc.) \_\_\_\_\_

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To be completed only if Police involved

**ACTION TAKEN:**

- District Student Support Services Notified
- District Health & Safety Notified
- Parent/Guardian Notified
- Police Notified
- School Staff Notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**WORKER'S DESCRIPTION OF INJURY: (if any)**

\_\_\_\_\_

\_\_\_\_\_

Attending Physician:  Yes  No

Time Loss:  Yes  No

**NOTIFICATION RATIONALE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATIONS:** (regarding training, communication skills, building security, etc.)

Recommendations to prevent reoccurrence	To be implemented by	Target completion date(s)

To be completed by Administrator

**For each staff member involved in this incident, a School District 63 Incident Investigation Report must also be completed. See Employee Accident/Incident Reporting Procedures on the SD63 Health & Safety web-page for further information.**

**Completed by:** \_\_\_\_\_  
(Principal/Supervisor)

**COMPLETED FORMS TO BE SENT TO DISTRICT HEALTH & SAFETY  
AND SCHOOL SITE SAFETY COMMITTEE  
Form Updated May 20, 2014**