



SEVEN OAKS
SCHOOL DIVISION
community begins here

Violent Incident Report

Steps to follow filing a complaint – details in Policy GAF-R

1. Submit Violent Incident Report form to Administrator/Supervisor.
2. Administrator/Supervisor signs form and forwards it to Superintendents' Department, c/o Norma Gwizon.
3. Administrator/Supervisor completes a Violent Incident Investigation Summary Report. (GAF-R2) and forwards it to Superintendents' Department, c/o Norma Gwizon.

Identifying Information (Complainant)

Name _____	Position _____
Contact Number _____	Address _____
School/Department _____	_____
Location of Incident (specify) _____	

Date and Time of Incident _____	
Type of Assault	<input type="checkbox"/> Verbal <input type="checkbox"/> Hit <input type="checkbox"/> Pushed <input type="checkbox"/> Other _____
(Add additional information on the nature of the assault, as appropriate (e.g., struck with... bitten, etc.))	

Describe the incident (what happened) _____	

Was medical attention/first aid obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Revised: March 5, 2012
 Revised: February 3, 2011
 Revised: October 7, 2010
 Adopted: December 10, 2008

Information of the Individual with whom the incident occurred (Respondent)

Individual's name and/or position, if known. _____

Description: Male Female
 Age: _____ Complexion: _____ Height: _____ Weight: _____
 Other: _____

Witness Information

Number of Witnesses: _____
 Witness(es)'s Name(s) and Position(s), if known. If not known include a description.

 Other: _____
 There were no witnesses.

General Information

Was this incident reported to the supervisor? Yes No
 Was this incident reported to the police? Yes No
 Have you initiated an investigation? Yes No

Name of Supervisor: _____

 Date

 Signature of Complainant

School Principal/Director Acknowledgement of Complaint

The Violent Incident Report was received on the date noted below. It will be reviewed and investigated, the respondent will be informed and the complainant and respondent will be provided with my written findings and conclusions per Policy GAF-R.

 Date

 Signature of Administrator/Supervisor

Original to: Superintendents' Department, c/o Suzanne Ciulla