



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 Secretary-Treasurer's Department.
3. Administrator/Supervisor completes a Violent Incident Investigation Summary Report. (GAF-R2) and forwards it to Secretary-Treasurer's Department.

#### 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. \_\_\_\_\_

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Description:                     Male                     Female

Age: \_\_\_\_\_ Complexion: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Other: \_\_\_\_\_

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**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: Executive Assistant, Secretary-Treasurer's Department