

Violence Prevention Incident Report

VPIR # _____

Spell Check

Forward All Completed Reports Within 48 Hours to:

For students: Classroom management issues (Level I) – Area Dean
All other issues - Director of Student Success and Area Dean

For staff: Occupational Health and Safety Coordinator

A. General Information

Date of Report (MMMM d, yyyy)	Date of Incident (MMMM d, yyyy)	Time of Incident (hour:minute am/pm)
-------------------------------	---------------------------------	--------------------------------------

B. Complainant Information

Name:	Contact Information:
-------	----------------------

Position:	Department:
-----------	-------------

C. Offender Information

Name:
Approximate Age: _____ Male Female

Description: _____

Relationship between complainant and offender (if any):

Co-worker Client Student Member of Public Other Specify _____

Other details (e.g. use of drugs or alcohol, possession of a weapon):

Apparent Motive:

D. Witness(es)

1. Name:	Contact Information:
----------	----------------------

2. Name:	Contact Information:
----------	----------------------

E. Details of the Incident

Type of incident (e.g. physical injury, verbal abuse, threatening behavior, verbal threat, written threat, damage to personal/other property). Identify the specific actions, behaviours and /or words spoken that precipitated the incident:

Location of incident (attach sketch if possible):

Outcome (e.g. police called, fatal injury, medical assistance, first aid, emotional shock or distress, legal action initiated):

Other relevant information:

Possible contributing factors

Relevant events which preceded the incident:

Suggested preventative/remedial action:

Submit this report to your Supervisor (or designate)

