



WORKPLACE VIOLENT INCIDENT REPORT FORM

Date:

Time:

School/Office:

Location of Incident:

Brief Description of Incident:

Personal Injuries(if any):

Describe any necessary medical attention required:

Names of people involved (if known)

Names of Witnesses (if any)

Phone:

Property damage (if any):

Police Attended: yes no Officer's Name:

Police Action Taken:

Police File No.:

This report completed by: _____

Name

Signature

Recommendations:

Administrator's Signature

Date