

Violent Incident Reporting Form

Christ the Teacher Catholic Schools recognizes that employees have the right to a safe working environment. To maintain a safe environment, it is important that incidents of violence be reported so that steps can be taken to increase safety. Violent incidents to report include: the attempted or actual exercise of physical force against a person and any threatening statement or behaviour that gives anyone reason to believe that physical force will be used against them. Staff, students (workers for the Division or interns), or volunteers who have been victims of violence at work or at their school should complete this form as soon as possible.

In accordance with The Saskatchewan Employment Act, all provincially regulated workplaces are required to have a violence policy and prevention plan. Employers have an obligation to identify where violence has occurred or may occur and take steps to minimize or eliminate risks through corrective action. This form supports those obligations by creating consistent language and reporting incidents.

This report is to be submitted to your principal for review/follow-up and then sent to the Superintendent of Human Resources.

1. Reporting Role

☐ Self - I am reporting an incident that happened to me

☐ Other - I am reporting an incident I witnessed (***the affected individual would be advised of the report***)

Name of Reporter:

2. Source of Violence

a) Source of Violence (choose from following options):

☐ Student ☐ Parent/Caregiver ☐ Member of the public ☐ Staff member

b) If a student was the source of the violence, please indicate their grade level:

☐ Pre-Kindergarten to Grade 3 ☐ Grade 4 to Grade 6 ☐ Grade 7 to Grade 9 ☐ Grade 10 to Grade 12

3. Staff Position Information

Teaching positions:	**Non-teaching positions:**
☐ Classroom teacher (incl. substitute) ☐ Student support teacher (CCT, SSCT, Counsellor, etc.) ☐ Other teacher position ☐ Principal/Vice-Principal	☐ Educational Assistant ☐ Administrative staff **Other:**

4 & 5. School Information, Date & Time

Specific Location:	**School Name:**
Date of Incident (YYYY-MM-DD):	**Time of Incident:**

6. Incident Type(s) (choose all that apply)

☐ Collateral/Bystander Exposure - Psychological impact from witnessing or managing a violent event involving others.

☐ Harassment - Refers to behaviours in which someone discriminates against, distresses, humiliates or torments another person (ongoing or significant solitary event): ***Please also see AP 170 - Harassment***

☐ Verbal ☐ Discriminatory ☐ Sexual ☐ Online/digital

☐ Physical Force - Intentional application of force (hitting, biting, kicking).

☐ Property Interference - Malicious interference with/vandalism of property creating safety risk.

☐ Threats/Overt Aggression - Statement or action giving reasonable cause to believe risk of injury exists.

☐ Weapon, Dangerous Object or Replica - Use, possession, display or threatened use of weapon/object.

☐ Other - Please specify:

7. Immediate Response or Resolution (choose all that apply)

☐ Staff de-escalation or redirection
☐ Room cleared or safety evacuation
☐ Perimeter Lockdown (secure and hold)
☐ Student removed from setting
☐ Worker removed from setting
☐ School administrator or designate directly responded to the incident
☐ School or division support staff involved (student/behaviour support, crisis response, etc.)
☐ Parent/caregiver contacted or involved
☐ Police intervention
☐ First aid or emergency medical response
☐ Incident ended before intervention
☐ No immediate resolution/incident remained unresolved
☐ Other, please specify:

8. Incident Context

☐ During instruction:
☐ in a classroom ☐ outside the classroom ☐ in an intensive support classroom where all students require additional supports

☐ During transition period (e.g., coming in from recess, in between classes)
☐ During unstructured time (e.g., recess, breaks, before or after school)
☐ During an extracurricular/voluntary activity
☐ Outside of work time

Antecedent information:

9. Outcome or Harm Experienced (choose all that apply)

☐ No injury sustained
☐ Incident was a near miss but had potential for harm to self or others
☐ Immediate response prevented physical injury (e.g., de-escalation, room clear)

☐ Physical injury:
- ☐ First Aid Application (onsite treatment)
- ☐ Medical treatment required (physician/hospital visit)
- ☐ Anxiety related to continuity of work
- ☐ Missed work as a result of incident

☐ Psychological/mental health impact:
- ☐ Mental health first aid applied
- ☐ Anxiety related to continuity of work
- ☐ Missed work as a result of incident

10. Factual Summary

Briefly describe the sequence of events leading up to, during and after the incident, including who was involved in the incident:

11. Follow-up & Administrative Review

- To be completed by the principal and then sent to the Superintendent of Human Resources

School incident report (insurance) completed? ☐ Yes ☐ No

Are you aware of the alleged assailant being involved in any previous violent incidents with staff or students? ☐ Yes ☐ No

What measures are in place to prevent a similar incident from occurring?

Principal's name and recommendation / response to incident:
(Please outline follow-up and / or action to take place and conducted by whom)

Reviewed by (Superintendent):

Signature: _____ **Date: _____**