

Violent Incident Report Form

*All violent incidents by students are to be reported using this form.

Email to: psbstudentservices@edu.pe.ca

Student:		Medical Help or First Aid Obtained: Yes		No
		School Incident Report Form Completed:	Yes	No
		- Police Called (if applicable): Yes		No No
Grade:	Student ID:	Parent/Guardian Contacted: Yes		No
Who was affected?		Incident Description		
☐ Teacher☐ Student☐ CUPE 3260☐ Other (specify)Name:	□ Principal/Vice Principal□ PSB Branch Staff□ School Counsellor	*Description of the event (include any relevant details such as location, persons involved, and immediate follow-up).		
Incident Informat	ion			
Date:	Time:			
Type of Incident: (se	elect all that are relevant).			
□ Verbal	☐ Push			
☐ Written	☐ Kick			
☐ Hit	☐ Scratch			
☐ Bite	□ Grab			
☐ Throwing objects	/object used:			
\square Other (specify): _				

Employee Signature:	Date:

Was the student involved in a previous violent incident with school staff?

Non-Violent Crisis Intervention (NVCI) hold used?

Name of witness(es):

Principal's Signature:

Does this student have a Behavior Support Plan (BSP) or De-escalation Plan?

Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for purposes of providing services to students and will be used for purposes of Public School Branch operations and administration. If you have any questions about this collection of personal information, you may contact the Public Schools Branch by telephone at 902.368.6990, 902.888.8400, or toll free at 1-800-280-7965.

Date:

□Yes

□Yes

☐ Yes

□ No

□ No

□ No

☐ Unknown

☐ Unknown