

# CRITICAL INCIDENT PROTOCOLS

## Appendix 5 –THREAT ASSESSMENT Protocol

**Appendix C: Incident Report – both forms located on SD85 Website or school office**



# CONFIDENTIAL

## INCIDENT INVESTIGATION FORM

School District 85 (Vancouver Island North) P.O. Box 90, Port Hardy, B.C. V0N 2P0 Tel: 250/949-6618 Fax: 250/949-8792

Steps for Investigating an Incident. The Principal or Supervisor will:

- investigate and report back to the originator;
- forward the Incident Report Form to the Superintendent of Schools along with the original of this report (with all names included);
- forward a copy of this form, when complete, to the District Health & Safety Officer (with all names deleted).

Date/Time that the incident was brought to the attention of Investigator:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

The alleged perpetrator is: Elementary Secondary Adult Visitor  Other \_\_\_\_\_

Police Attended:  yes  no Officer's Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Police Action Taken: \_\_\_\_\_

Police File No.: \_\_\_\_\_

Parents/Guardian Notified: yes no Name: \_\_\_\_\_

Suspension: yes no Name(s) of Investigator(s): \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor Worksite

Health & Safety Representative Date/Time Investigation was conducted:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

INVESTIGATIVE SUMMARY:

---

---

---

---

[Cont'd on separate sheet if more space is required]

# CRITICAL INCIDENT PROTOCOLS

## Appendix 5 –THREAT ASSESSMENT Protocol

Violent Incident Investigation Form/Forms – February 2008

Actions of Alleged Perpetrator (including any history/actions/words leading up to and following the alleged incident):

---

---

---

---

---

Action(s) of Report Originator (including any history/actions/words leading up to and following the alleged incident):

---

---

---

---

---

What was the cause of the incident? \_\_\_\_\_

---

---

What corrective action(s) was taken? \_\_\_\_\_

---

---

In the judgment of the investigator(s), was this incident [including, violence &/or threatening statement(s) or behaviour(s)] an incident that gives reasonable cause that an employee is at risk of injury?

Yes  No Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Originator informed of investigation results:

Yes - Date: \_\_\_\_\_

No Reasons: \_\_\_\_\_

Receipt by Superintendent of Schools: Date: \_\_\_\_\_

Action:  Yes \_\_\_\_\_

---

---

File:  Yes

Feb08 - Word/forms/