



Violent Incident Report Form

1. General Information

Date of incident:

Time: a.m. p.m.

Incident reported by: Complainant Supervisor Person of Authority

Location of incident: On campus Off campus Practicum/In Field

Other _____

Type of assault: Verbal Physical Emotional

Psychological Sexual

2. Detailed Description of Incident

Describe incident:

3. Incident Report Information

Name of Supervisor/Person of Authority notified:
(if other than the DHRA)

Campus Security called? Yes No

911/Police Services/Crisis Unit called? Yes No

Did you consult a doctor/planning to? Yes No

WCB forms completed (if applicable)? Yes No

4. Information about the assailant

Employee Student Other (specify) _____

Name and address of assailant if known:

5. Immediate Action Taken by the Employer

6. Describe Injury

7. Recommendations/Next Steps

Completed On:

Date: _____

DHRA Signature: _____