



GARDEN VALLEY SCHOOL DIVISION

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Violence Incident Report Form

This form is to be completed in the event of any incident of violence that takes place on (Company Name) premises, and may include threats of violence, bullying, and physical violence.

Name of complainant: _____

Address: _____

Location of Incident: _____

Person(s) accused of perpetrating a violent incident, or making threats of violence (respondent): _____

Nature of the allegations:

Date(s), time(s) and place(s) where the incident(s) took place:

Did anyone witness the incident?
yes
no

If yes:

Name(s) of witness(es):

Description of the respective role(s) played by witnesses in the incident:

What actions did you take in response to the incident ?

If applicable, describe any incident that took place previously.

I am filing this complaint because I honestly believe that _____ has committed an act of violence.

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. Making false or frivolous allegations is in violation of the (Company Name) Workplace Violence policy and is subject to disciplinary sanctions.

Furthermore, I realize that an inquiry will be initiated once this report has been filed.

Signature of the complainant or his/her parents/legal guardians

Date