



VIOLENT INCIDENT REPORT FORM

The authorization for the collection of this information is in the Education Act and the Upper Grand District School Board Violence-Free Schools Policy # 206. The purpose is for monitoring violence in the schools. Users of this information will be the Superintendent of Education, school administrators, and when applicable, law enforcement agencies. Contact for questions concerning this information is the Superintendent of Education and/or the Principal.

| | |
|-------------------------|---|
| School: | Date: |
| Name of Student: | M <input type="checkbox"/> F <input type="checkbox"/> |
| Age: | Date of Birth: |
| | IEP <input type="checkbox"/> |

A. Description of Violent Incident

Signature: _____

B. Parent/Guardian Contact

| | |
|------------------------|--|
| Date of Contact | Name(s) of Person(s) Contacted: |
| | |

C. Police Contact

| | | |
|-------------------------|---|--|
| Date of Contact: | Date of Police Investigation at School | Name(s) of Investigating Officer(s) |
| | | |

D. School/Board Response

| | |
|--|---|
| <input type="checkbox"/> Suspension - number of days _____ <input type="checkbox"/> Other _____ | <input type="checkbox"/> Limited Expulsion <input type="checkbox"/> Full Expulsion <input type="checkbox"/> Re-admission Criteria |
|--|---|

| | | |
|---------------------------------|--|--|
| Date of Inclusion in OSR | Proposed Date of Removal from OSR | Principal's/Designate's Signature |
| | | |

O.S.R. Retention Conditions: 3 consecutive years with no further Violent Incident Reports, or, in the case of an Expulsion, 5 consecutive years.

Distribution: Superintendent - 2 copies, School - 1 copy, O.S.R. - Original