



VIOLENT INCIDENT REPORT

1. Identifying Information

Campus:		
<input type="checkbox"/> KLO	<input type="checkbox"/> North Kelowna	<input type="checkbox"/> Kalamalka
<input type="checkbox"/> Cityview	<input type="checkbox"/> Salmon Arm	<input type="checkbox"/> Revelstoke
<input type="checkbox"/> Summerland	<input type="checkbox"/> Penticton	<input type="checkbox"/> Oliver
<input type="checkbox"/> Other _____		

Name: _____

Department: _____

Phone #: _____ Local: _____

Job Title: _____ Student:

2. Incident Information

Date of Incident: _____

Time: _____ am/pm

Location of incident: _____ Witnesses: _____

Type of Abuse:

Verbal

(specify) _____

Physical

(specify) _____

Assistance Obtained?

OUC Physical Plant contacted? yes no

First Aid obtained? yes no

Police called yes no File No: _____

Reported to Supervisor/Dean/Principal yes no

Action taken by you? _____

3. Assailant (if known)

Student Presently Enrolled Program enrolled in: _____

Prospective Student Program applied for: _____

Visitor

Employee

Other (specify) _____

Name (if known): _____

4. Other Information

Was the assailant involved in any previous violent incidents with an employee?

YES _____ NO _____ UNKNOWN _____

If yes, please specify: _____

Are there any measures in place to prevent similar incidents?

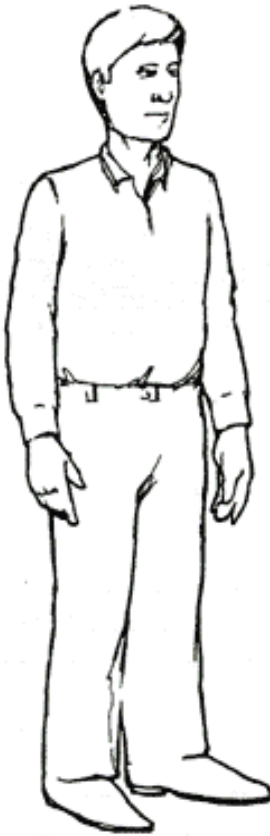
YES _____ NO _____ UNKNOWN _____

If yes, please specify: _____

Please provide any relevant information including: exact language and gestures made by person. Make brief notes here:

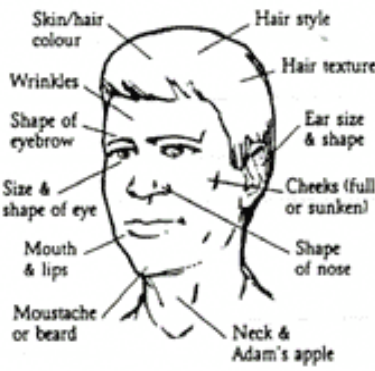
If required, use the diagram below for additional information:

Suspect and vehicle Identification

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	HEIGHT	WEIGHT	RACE
HAIR (Colour/style)	General appearance 			HAT (Colour/type)
EYES (Glasses)				COAT
COMPLEXION				SHIRT
JEWELLERY				TROUSERS
SCARS/MARKS				SHOES
TATTOOS				TIE

Facial appearance


Write below specific facial details that you definitely remember.



What did the suspect say?

Tool or weapon seen.

Vehicle



Colour	Make	Model	Licence number
Body style		Damage/rust	
Antenna	Bumper sticker	Wheel covers	
Direction of travel			

Signature: _____ Date: _____

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