OPSEU SEFPO

Local 330

VIOLENT INCIDENCE / RESTRAINT (VIR) FORM

This is a Union form. Please DO NOT compete this form on employer time.
When complete, FAX to (705) 739-2248. Forms can be found at www.opseu330.com

Incident Time/Date: _____ **School:** _____

Incident occurred between:

	Male	Female			Male	Female
E.A.	☐	☐	**AND**	Student	☐	☐
Clerical	☐	☐		Parent / Guardian	☐	☐
Other	☐	☐		Other	☐	☐

Area incident occurred:

☐ Classroom ☐ Hall ☐ Schoolyard ☐ Gym ☐ Office ☐ Lunchroom

Type of incident:

☐ Verbal ☐ Physical ☐ Vandalism

Weapon:

☐ Yes ☐ No ☐ Threatened

	Yes	No		Yes	No
• Reported to Principal	☐	☐	• APM 7100-1 completed - Violent Incident Form	☐	☐
• APM 1440-1 - Physical Containment Incident Report	☐	☐	• APM 4071-1 (mandatory) - Aggressive Incident Reporting Form	☐	☐
• WSIB A2320 completed	☐	☐	• APM 7635 – Safe Schools Incident Reporting Form	☐	☐
• Post Incident Response Debrief	☐	☐	• APM 7635 – Safe Schools Incident Reporting Form Receipt	☐	☐

Brief summary of occurrence (attach extra sheet if needed):

Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____