



WORKPLACE VIOLENCE INCIDENT REPORT

Clear Form

(APPENDIX 1)

School/Building:	Location of Incident:
Name of the person making the report:	Job title:
Date of Incident:	Time:

Identify the Victim

Name:	Female	Male
Employee:	Student:	Student's parent:
Intruder:	Visitor: (Specify)	Other: (Specify)

Identify the Offender (if possible)

Name:	Female	Male
Employee:	Student:	Student's parent:
Intruder:	Visitor: (Specify)	Other: (Specify)

Witnesses



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(APPENDIX 1)

<p>Nature Of Incident: (Check all that apply.)</p> <p>VERBAL: Abuse Threat</p> <p>PHYSICAL: Bite Punch Kick Scratch Pinch Spit Slap</p> <p style="padding-left: 100px;">Other (specify):</p>	
<p>Injuries Sustained: (Check all that apply.)</p> <p>Arm Hand Face Head Shoulder Neck Chest Back Leg</p> <p>Foot Other (specify):</p> <p><i>(Please ensure that the Board's Accident Report Package is completed and submitted to the Health & Safety Office)</i></p>	
<p>Weapon(s) Involved: No Yes If yes, specify:</p>	
<p>Repeat incident involving the same offender(s): Yes No</p>	
<p>Emergency Services Called: No Yes</p> <p>If yes, specify (Police, Fire, Ambulance):</p>	
<p>Details of the Incident and Follow Up Action Required (To be filled in by the direct Supervisor):</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>	

Signature of the Worker _____ Date _____

Signature of the Supervisor (i.e. Principal/Manager) _____ Date _____

Signature of the Superintendent _____ Date _____

Distribution: Health and Safety Officer