



Workplace Violent Incident Report Form

CONFIDENTIAL

Please complete entire form.

Date of Report: _____ Day of Week of Incident: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

REPORTING EMPLOYEE:

Name: _____

Name of Workplace/School: _____

Position/Job Title: _____

Gender: _____

ALLEGED PERPETRATOR(s): [REMOVE IDENTIFYING INFORMATION PRIOR TO DISTRIBUTION]

Name: _____

If name is unknown, please list identifying characteristics:

Approximate Age: _____ Gender: _____

Relationship of ALLEGED PERPETRATOR(s) to REPORTING EMPLOYEE (if any):

Co-worker _____ Student: _____ Parent: _____ Public: _____

Other (specify): _____

(Attach additional descriptions if there is more than one alleged offender)

WITNESS(es):

Name: _____ Contact at: _____

Name: _____ Contact at: _____

Type of Violence (e.g. Physical injury, threat of physical injury)

Please Check any or all that apply:

Verbal abuse Intimidation/threats Aggressive behaviour Use of weapon(s)



Violent behaviour (describe): _____

Unwanted physical contact (describe): _____

Examples: Pushing, scratching, kicking, slapping, pinching, biting, head butting, hair pulling, restraining, inappropriate sexual contact

Description of incident:

REPORT SUBMITTED TO:

Dated: _____

Name: _____

Title: _____

Location: _____

Administrator/Supervisor response (To be filled out by Administrator):

Name: _____

Date received: _____

PREVENTATIVE ACTIONS TAKEN (Check appropriate box):

Employee provided appropriate debriefing. (Employee refers to Reporting Employee)

Employee advised to consult with a health professional for treatment or counselling, and/or EAP.

Employee notified of the actions taken to prevent or minimize reoccurrence.

Other: _____

Please Save/Download and email a copy of this report to the following people:

Principal of School - If applicable

Bob Gaiser, WHS - bgaiser@pwsd.ca

Stephen David, CEO - sdavid@pwsd.ca

For further information, please contact WHS Practitioner at bgaiser@pwsd