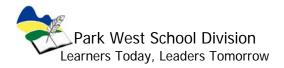


Safety Manual Administration Violence Investigation Procedure & Form SM: 206A

Workplace Violent Incident Report Form CONFIDENTIAL

Please complete en	tire form.		
Date of Report:		Day of Week of Inc	ident:
Date of Incident:		Time of Incident:	
Location of Incident	:		
REPORTING EMPL	.OYEE:		
Name:	_		
Position/Job Title:			
ALLEDGED PERPE	ETRATOR(s): [REM	OVE IDENTIFYING INFORMATION PR	RIOR TO DISTRIBUTION]
Name:			
Approximate Age: _	Gen	nder:	
Relationship of AL	LEDGED PERPETR	ATOR(s) to REPORTING	EMPLOYEE (if any):
Co-worker	Student: Pa	arent: Public:	
Other (specify):			
(Attach additional de	escriptions if there is	more than one alleged offe	ender)
WITNESS(es):			
Name:		Contact at:	
Name:		Contact at:	
Type of Violence (e Please Check any	e.g. Physical injury, thre or all that apply:	eat of physical injury)	
Verbal abuse	Intimidation/threats	Aggressive behaviour	Use of weapon(s)



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Violent behaviour (describe):	
Unwanted physical contact (describe):	
Examples: Pushing, scratching, kicking, slap pulling, restraining, inappropriate sexual con	
Description of incident:	
REPORT SUBMITTED TO:	Dated:
Name:	Title:
Location:	
Administrator/Supervisor response (To	
Name:	Date received:
PREVENTATIVE ACTIONS TAKEN (Che	, , , , ,
Employee)	briefing. (Employee refers to Reporting
counselling, and/or EAP.	health professional for treatment or ken to prevent or minimize reoccurrence.
Other:	
Please Save/Download and email a cor	ov of this report to the following people:

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

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