



**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: \_\_\_\_\_

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**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