



WORKPLACE VIOLENCE INCIDENT REPORT

Workplace Violence (Bill 168) is defined as:

- a) The exercise of physical force that causes, or could cause, physical injury to the worker;
- b) An attempt to exercise physical force that could cause physical injury to the worker: or,
- c) A statement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker.

PART A - TO BE COMPLETED BY EMPLOYEE			
Employee Information			
Name:	Employee#:		
School/Location:		Job Title:	
Alleged Aggressor Information			
Co-worker	□ Supervisor	□ Someone who reports to you	□Parent
Member of the public	□ Student (initials)	_ Other:	
Incident Details			
Date of Incident:			
Name(s) of Witness			
Type of Violence:			
The exercise of physical force that causes, or could cause, physical injury to the worker (provide details)			
An attempt to exercise physical force that could cause physical injury to the worker (provide details)			
A statement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury			
to the worker (provide details)			
Did you seek medical aid or miss time			
If yes, please complete the "Supervisor/Principal Incident Report" and forward it to your Supervisor/Manager for follow-up			
Employee Signature:		Date:	
PART B - TO BE COMPLETED BY SUPERVISOR/MANAGER			
Steps Taken to Prevent Recurrence (check all that apply)			
□ trespass order	□ reinstruct/train employ	yee □ violence threat risk as	ssessment
□ relocated student	contacted Human Res	sources	
suspended/disciplined student	employee relocated i	n consultation with Human Resources-Labour Rela	ations
□ contacted parents □ reviewed/updated/modified safety and/or behavioural plan(s) with employee			
🗆 other:			
Principal Signature:		Date:	
PLEASE FAX THE COMPLETED FORM TO 1-855-508-1593; HEALTH & SAFETY DEPT.			
Copies to: employee and school file			