South Shore Regional School Board
NOVA SCOTIA, CANADA

WORKPLACE VIOLENCE INCIDENT REPORT FORM

Employee Name: _____

Name of School: _____

Did an injury occur as a result of the incident?

Yes No

Was medical attention sought as a result of the injury?

Yes No

Did the incident involve a threat of violence or act of violence?

Threat Act

Were the police notified of the incident?

Yes No

Date the incident occurred (mm/dd/yyyy) ____/____/____

Where did the incident occur? _____

Please describe the incident that occurred in detail. If an injury was sustained as a result of the incident, please describe the injury and what medical attention was needed.

_____

_____

_____

_____

Signature of Employee: _____

Date: _____

1. **FAX THIS FORM IMMEDIATELY TO 541-3012, ATTN: GAIL SINCLAIR**
2. **PROVIDE A COPY TO YOUR PRINCIPAL/SUPERVISOR**