



## WORKPLACE VIOLENT INCIDENT REPORT FORM

### INCIDENT INFORMATION

School/Location Name:

Date of Incident:

Time of Incident:

Location of the Incident:

### VICTIM INFORMATION

Name of the Victim:

Victim Gender: ☐ Male ☐ Female

Identify the Victim: Employee/Student/Student's Parent/Visitor/Intruder/Other

### INITIATOR INFORMATION

Name of Person Making the Report (if different from above):

Job Title:

### ALLEGED AGRESSOR INFORMATION

*If possible, name the person(s) who is(are) alleged to have engaged in the violent behaviour:*

Identify the Aggressor(s): Employee/Student/Student's Parent/Visitor/Intruder/Other

Aggressor(s) Gender: ☐ Male ☐ Female

*If the aggressor could not be identified please indicate any identifying information  
(ex. height, gender, hair/eye colour, colour of clothes worn etc.)*

### WITNESS INFORMATION

Witness Name:

Witness Phone Number:

Witness Name:

Witness Phone Number:

*Please describe in detail what happened and indicate: what occurred leading up to the incident; what occurred during the incident; if there were injuries/explain type; if a weapon was used; what statements were made by those involved in the incident before, during, and after the incident; other persons who may have direct knowledge about the incident.*

[illegible]

Signature of the person making this report: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE THIS FORM IN A SEALED ENVELOPE MARKED "PRIVATE AND CONFIDENTIAL" AND FORWARD TO THE PRINCIPAL/SUPERVISOR INVOLVED.  
RETAIN A COPY FOR YOUR OWN RECORDS.**

The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to investigate incidents of workplace violence. This form will be used by the Supervisor of the department, Legal Counsel and the Ministry of Labour staff. The form will be handled with the strictest confidence, stored in a locked and secure file cabinet in Human Resource Services and retained for a three year period. Questions pertaining to the collection of this information should be directed to the Superintendent of Human Resources.

1. Superintendent of Human Resource Services    2. Employee's Supervisor    3. Complainant    4. Respondent    5. Initiator