

VIOLENT INCIDENT REPORT

CONFIDENTIAL

PLEASE PRINT CLEARLY, 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 OFFENDER(s):

Name: _____
If name is unknown, please list identifying characteristics:

Approximate Age: _____ Gender: _____

**Relationship of ALLEGED OFFENDER(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
circle or highlight 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: (attached separate pages if required)

Employee signature: _____

Dated: _____

REPORT SUBMITTED TO:

Name: _____

Title: _____

Location: _____

Administrator/Supervisor response:

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: _____

COPY TO:

Employee: _____

Offender(s), only if a TMSD employee _____

WPSH Site

Representative _____

School

Principal _____

Superintendent/CEO: _____