

10.7

WORKPLACE VIOLENCE INCIDENT REPORT FORM

CONFIDENTIAL

PLEASE PRINT CLEARLY, FORM TO BE FULLY COMPLETED

Date of Report: _____ Day of Week of Incident: _____
 Date of Incident: _____ Time of Incident: _____

REPORTING EMPLOYEE

Name: _____
 Name of Workplace/School: _____
 Position/Job Title: _____
 Male: _____ Female: _____

ALLEGED OFFENDER(S)

Name(s): [REMOVE IDENTIFYING INFORMATION PRIOR TO DISTRIBUTION]

Identifying Information if name unknown: _____

Approximate Age: _____ Male: _____ Female: _____

Relationship of ALLEGED OFFENDER(S) to REPORTING EMPLOYEE and (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: _____

DETAILS of the INCIDENT

Type of Violence : _____
 (e.g. Physical injury, threat of physical injury,)

Location of Incident: _____

Effect(s) on reporting employee _____
 (e.g. first aid, outside medical, police called, emotional harm, superficial physical harm)

**** Halifax Regional School Board advises you to consult with a health professional of your choice for treatment or counselling.****

Employee signature: _____ Dated: _____

REPORT SUBMITTED TO

Name: _____ Title: _____
 Location: _____

Administrator/Supervisor

Name: _____ Date received: _____

PREVENTIVE _____
 ACTIONS _____
 TAKEN : _____

"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.
Workplace JOHS Committee notified ONLY of the "Preventive Actions Taken".

COPY TO

Employee _____
 Offender **Only IF an HRSB Employee** _____
 Manager OHS _____ Human Resource Services Fax: 464 2316