



Health and Safety

Violent Incident Report

Staff who have been subject to or witnessed a violent incident at work should complete this report as soon as possible. Upon completion, make 4 copies: 1 copy - to your supervisor, 1 copy - to your Workplace Joint Health & Safety Committee, 1 copy for your union, and you keep the original. This form can be filled out electronically and saved, if it is in hard copy, PLEASE PRINT

Identifying Information

Name:	Local:	<input type="checkbox"/> Victim or <input type="checkbox"/> Witness
Job Title:		Medical help or First Aid obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO
Location:		Compensation form completed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the aggressor(s) involved in any previous violent incidents with staff:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reported to Health & Safety Rep? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Police Called? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reported to Supervisor?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor whom you reported:

Aggressor

- Patient Resident Client
Visitor Student Passenger
Supervisor
Other (specify)
 Name (if known)

Incident Information

Date:

Time: AM PM

Type of incident: Verbal Assault Threatening
(select all that are relevant) Hitting Kicking
 Scratching Choking
 Bitten Spitting
 Pushed Theft
 Bullying Stalking
Sexual Assault Throwing Objects

Weapon? (specify)

Other (specify):

Were you Working alone YES NO

Were you exposed to blood or other bodily fluid?
YES NO – If yes, seek medical attention

Incident Description

Description of the event (include any relevant details such as location, lead up, and immediate follow up):

Name of any witness(es):