

ADMINISTRATIVE PROCEDURE

**EMPLOYEE VIOLENT INCIDENT REPORT FORM
PRIVATE AND CONFIDENTIAL**

SECTION ONE: EMPLOYEE INFORMATION

Name:	Affiliation:	
Employee ID:	<input type="checkbox"/> Superintendent	<input type="checkbox"/> ETFO
Position:	<input type="checkbox"/> Principal – Vice Principal	<input type="checkbox"/> OSSTF
Work Location:	<input type="checkbox"/> Support Staff	<input type="checkbox"/> CUPE
Supervisor's Name:	<input type="checkbox"/> Elementary Occasional	<input type="checkbox"/> APSSP
	<input type="checkbox"/> Secondary Occasional	<input type="checkbox"/> Other
	Date Reported to Supervisor:	

SECTION TWO: DETAILS OF INCIDENT

Site Name:	Site Phone:
Site Address:	Date and Time of Incident:
Personal Contact Information:	E-mail: _____
Home Phone: _____	Cell (Optional): _____

Assailant:

Co-worker Student Parent/Guardian Visitor

Other (specify) _____

Location of Incident:

Hallway Washroom Lab Library Yard Classroom

Gym Stairs Shop. Office Field Trip Parking Lot

Other (specify) _____

Nature of Incident:

VERBAL: Abuse Threat **EMOTIONAL:** Systematic Stress

PHYSICAL: Bite Punch Kick Scratch Pinch Spit Slap

Other (specify) _____

Injuries Sustained:

Arm Hand Face Head Shoulder Neck

Chest Back Leg Foot

Other (specify) _____

Weapon(s) Involved: No Yes If yes, specify _____

Repeat Incident involving the same Assailant: No Yes

If yes, was the previous incident(s) against the same person? _____

