

WORKPLACE VIOLENCE REPORT FORM

This report must be completed for every workplace violence incident established per this Management Program. This report must be submitted to the Superintendent responsible for the school and the Superintendent of Human Resources within 48 hours of occurrence of the incident. The Superintendent of Human Resources will forward a copy of this report to the Board's Health & Safety Officer.

School Name: _____ Date: _____

Time of Incident: _____ AM ___ PM ___

Location: (i.e. classroom, gym, office)

Workers involved in the incident (if any):

Student / outside persons involved / positions:

Briefly describe the nature of the workplace violence:

Briefly describe the actions taken:

Provide witness names (if applicable):

Were emergency services (external) i.e. Police, Fire, Ambulance utilized?

Yes ___ No ___ If yes provide Report #: _____

Were Social Work Services, Psychological Services, JEAP or Diversity Officer made available to all parties per this incident? Yes ___ No ___

Principal / Supervisor or designate signature: _____

Worker signature: _____

Date: _____