

WORKPLACE VIOLENCE INCIDENT REPORT FORM

Workplace Violence (Bill 168) is defined as:

- a) The exercise of physical force that causes, or could cause, physical injury to the worker;
- b) An attempt to exercise physical force that could cause physical injury to the worker: or,
- c) A statement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker.

Employee Information Employee#: School/Location: Job Title:	PART A - TO BE COMPLETE	D BY EMPLOYEE			
Alleged Aggressor Information Co-worker	Employee Information				
Co-worker					
Co-worker					
Co-worker	School/Location: Job Title:				
Member of the public Student (initials) Other:	Alleged Aggressor Informati	<u>on</u>			
Date of Incident Time: Location: L		•			
Date of Incident:	☐ Member of the public	☐ Student (initials)	_ □ Other:		
Name(s) of Witness	Incident Details				
Type of Violence: The exercise of physical force that causes, or could cause, physical injury to the worker (provide details) An attempt to exercise physical force that could cause physical injury to the worker (provide details) Astatement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker (provide details) Did you seek medical aid or miss time from work due to the incident? Did you seek medical aid or miss time from work due to the incident? Date: PART B - TO BE COMPLETED BY SUPERVISOR/MANAGER Steps Taken to Prevent Recurrence (check all that apply) Trespass order Consulted employee Contacted Student Contacted Human Resources Contacted Student Contacted Student Contacted In consultation with Human Resources-Labour Relations Contacted parents Contacted parents Contacted parents Contacted Police Date: Principal Signature: Date: Date:-	Date of Incident:	Time:	Location:		
The exercise of physical force that causes, or could cause, physical injury to the worker (provide details) An attempt to exercise physical force that could cause physical injury to the worker (provide details) A statement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker (provide details) Did you seek medical aid or miss time from work due to the incident?	Name(s) of Witness				
A statement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker (provide details) Did you seek medical aid or miss time from work due to the incident? yes no If yes, please complete the "Supervisor/Principal Incident Report" and forward it to your Supervisor/Manager for follow-up Employee Signature: Date: PART B - TO BE COMPLETED BY SUPERVISOR/MANAGER Steps Taken to Prevent Recurrence (check all that apply) trespass order consulted employee violence threat risk assessment relocated student disciplined student (explain): employee relocated in consultation with Human Resources - Labour Relations contacted parents create/reviewed/updated/modified safety and/or behavioural plan(s) with employee other: Principal Signature: Date: -	Type of Violence:				
A statement or behavior that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker (provide details) Did you seek medical aid or miss time from work due to the incident?	☐ The exercise of physical force that causes, or could cause, physical injury to the worker (provide details)				
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Employee Signature: Date: PART B - TO BE COMPLETED BY SUPERVISOR/MANAGER Steps Taken to Prevent Recurrence (check all that apply) trespass order consulted employee violence threat risk assessment contacted Human Resources contacted Police suspended student disciplined student employee relocated in consultation with Human Resources-Labour Relations contacted parents create/reviewed/updated/modified safety and/or behavioural plan(s) with employee other:	cause physical injury to the worker (provide details)				
Employee Signature: Date: PART B - TO BE COMPLETED BY SUPERVISOR/MANAGER Steps Taken to Prevent Recurrence (check all that apply) trespass order consulted employee violence threat risk assessment relocated student contacted Human Resources contacted Police suspended student disciplined student explain): employee relocated in consultation with Human Resources-Labour Relations contacted parents create/reviewed/updated/modified safety and/or behavioural plan(s) with employee other: Principal Signature: Date:-					
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Steps Taken to Prevent Recurrence (check all that apply) trespass order				9:	
□ trespass order □ consulted employee □ violence threat risk assessment □ relocated student □ contacted Human Resources □ contacted Police □ suspended student □ disciplined student (explain): □ employee relocated in consultation with Human Resources-Labour Relations □ contacted parents □ create/reviewed/updated/modified safety and/or behavioural plan(s) with employee □ other: Principal Signature: Date:-					
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□ suspended student (explain): □ employee relocated in consultation with Human Resources-Labour Relations □ contacted parents □ create/reviewed/updated/modified safety and/or behavioural plan(s) with employee □ other: Principal Signature: Date:-	☐ trespass order	□ consulted employee			
(explain): □ employee relocated in consultation with Human Resources-Labour Relations □ contacted parents □ create/reviewed/updated/modified safety and/or behavioural plan(s) with employee □ other: Date:			sources 🗆 contac	ted Police	
□ employee relocated in consultation with Human Resources-Labour Relations □ contacted parents □ create/reviewed/updated/modified safety and/or behavioural plan(s) with employee □ other: □ Date:-	□ suspended student	□ disciplined student			
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Oother:					
Principal Signature: Date:-	□ contacted parents	☐ create/reviewed/upda	ated/modified safety and/or beha	avioural plan(s) with employee	
	🗆 other:				
PLEASE SCAN and EMAIL to the H&S Dept. (healthandsafety@ucdsb.on.ca) and copy employee on the email.	Principal Signature:		Date	e:-	
PLEASE SCAN and EMAIL to the H&S Dept. (healthandsafety@ucdsb.on.ca) and copy employee on the email.					
Copies to employee, and school file	PLEASE SCAN and EMA			d copy employee on the email.	