VIOLENCE INCIDENT REPORT

| Document N:  | No Revision 1.0 | Date:  | Page: **1/3** |
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| **Employee Information:** Name: | Job Title: |
| --- | --- |
| Shift: | Department: |
| **Incident Location:**  Parking Lot    Office     Reception Cafeteria       Job site specify  Warehouse Common Area / Grounds       Other (please specify) | Location City and Address: |
| **Nature of Incident:**   VERBAL ASSAULT(Check all that apply) \_\_ Abusive Language                                  \_\_ Intimidation                                  \_\_ Non Specific Threat                                  \_\_ Specific Threat Against                                       Self and/or familyWhat was said: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                       (nature of threat) |  PHYSICAL ASSAULT (Check all that apply)\_\_ Scratched                  \_\_ Head\_\_ Bitten                          \_\_ Face\_\_ Kicked                        \_\_ Limbs\_\_ Punched                     \_\_ Torso/Trunk\_\_ Struck                         \_\_ Genitals / Breasts\_\_ Weapon Used Type of Weapon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Medical Attention / First Aid obtained?**    Yes     No | Advised of right to consult doctor?    Yes    No |
| **Reported to Supervisor/Manager?**   Yes      NoPolice Called? File #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes     No | WCB/Forms Completed?   Yes       No |
| **Assailant Information:**  employee             Visitor /customer          Contractor         Delivery Person       Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_Is Assailant known to victim?   Yes     No               How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description:     Male              Female |
| Age: \_\_\_\_\_\_ | Complexion: \_\_\_\_\_\_\_\_\_ | Height: \_\_\_\_\_\_\_ |  Weight: \_\_\_\_\_\_\_\_\_\_\_ |
| Name (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| Document N: | No Revision 1.0 | Date:  | Page: **2/3** |
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| **Incident and Injury Information:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(AM) / (PM) |
| --- |
| Nature of injury:

|  |
| --- |

**Witness Information:**  |
| Name:  | Contact Number  |
| 1. | PH.# |
| 2. | PH.# |
| 3. | PH.# |
| **Incident Summary:** What Happened? (add separate page if necessary)

|  |
| --- |

Signature of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| Document N:  | No Revision 1.0 | Date:  | Page: **3/3** |
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**To be completed by Manager / Supervisor of victim:**

Are there any other previous violent/aggressive incidents involving this assailant?

🔲 Yes    🔲 No     🔲 Don’t know (Supply details if available)

Are there any other previous violent/aggressive incidents against this employee?

🔲Yes    🔲 No    🔲 Don’t know (Supply details if available)

Any other relevant information:

|  |
| --- |

**To be completed by Occupation Health & Safety Officer:**

1. Health & Safety Representative Involvement required?    🔲 Yes    🔲 No

2. Police action required? 🔲 Yes 🔲 No File #\_\_\_\_\_\_\_\_\_\_

3. Victim Support Services in place:  🔲 Yes    🔲 No      Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Protective Measures Implemented (summary):

|  |
| --- |

5. Report summary concluded: 🔲Yes     🔲No