

WORKPLACE VIOLENCE INCIDENT REPORT



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| Employee to file report with 24 hours of incident. Administrator sends to distribution list within 24-48 hours. | |
| Name of Student: | School: |
| Date of Incident: | |
| Nature of Incident: (Check all that apply.) VERBAL: Abuse <input type="checkbox"/> Threat <input type="checkbox"/> PHYSICAL: Bite <input type="checkbox"/> Punch <input type="checkbox"/> Kick <input type="checkbox"/> Scratch <input type="checkbox"/> Pinch <input type="checkbox"/> Spit <input type="checkbox"/> Slap <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____ | |
| Injuries Sustained: (Check all that apply.) Arm <input type="checkbox"/> Hand <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____ | |
| Weapon(s) Involved: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify: _____ | |
| Repeat incident involving the same offender(s): Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Has Worker been trained in CPI, NCI or BMS? Yes <input type="checkbox"/> No <input type="checkbox"/> Other? (list) _____ Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Emergency Services Called: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify (Police, Fire, Ambulance): _____ | |
| Details of the Incident and Follow Up Action Required (To be filled in by the direct Supervisor): | |
| Summary of Incident: | |
| If the incident involves a student, parent notified: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is there a Safety Plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the protocol followed? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is there a Behaviour Plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the protocol followed? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If a Behaviour and/or Safety Plan is in place, they <u>must be reviewed</u> following incident as soon as possible and in a timely manner. | |
| The Supervisor's Report of Injury/Incident must also be completed. | |

☐ No Injury ☐ OSBIE ☐ WSIB ☐ Injury without Medical Attention

Signature of the Worker: _____ Date: _____

Signature of the Supervisor: _____ Date: _____
(i.e.) Principal/Manager

Signature of the Superintendent: _____ Date: _____

Distribution: School Superintendent
 OSR
 Safe Schools Superintendent
 Special Education Coordinator