

# WORKPLACE VIOLENCE INCIDENT REPORT



<p><b>Employee to file report with 24 hours of incident.</b>  <b>Administrator sends to distribution list within 24-48 hours.</b></p>	
<b>Name of Student:</b>	<b>School:</b>
<b>Date of Incident:</b>	
<b>Nature of Incident: (Check all that apply.)</b>	
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): _____	
<b>Injuries Sustained: (Check all that apply.)</b>	
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): _____	
<b>Weapon(s) Involved:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify: _____	
<b>Repeat incident involving the same offender(s):</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Has Worker been trained in CPI, NCI or BMS?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Other? (list)</b> _____    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Emergency Services Called:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, specify (Police, Fire, Ambulance): _____	
<b>Details of the Incident and Follow Up Action Required (To be filled in by the direct Supervisor):</b>	
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 <b>must be reviewed</b> following incident as soon as possible and in a timely manner.	
<b>The Supervisor's Report of Injury/Incident must also be completed.</b>	

- 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