



VIOLENT INCIDENT REPORT FORM

OH&S Program – Written Work Procedures

What is the Violent Incident Report Form?

The Violent Incident Report Form is completed anytime staff encounters an incident involving a person (other than a co-worker) in the workplace of any attempted or actual exercise of physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury. Violent incidents require the completion of the following form, which is then given to the immediate supervisor. If there is time loss or medication given, then the required WCB forms must also be completed.

Who should complete the Violent Incident Report Form?

The staff member most involved in dealing with the incident should complete the form.

What happens to these forms?

The form is given to the Supervisor, who will give a copy to the site-based joint Health & Safety Committee. An investigation will be carried out and recommendations made to try to prevent a similar incident.

Why should I complete this form?

The Health & Safety committee uses the information to track safety concerns; the RCMP may use the information to track an offender; and the information can be used to plan for future staff training and to develop a safety plan.



VIOLENT INCIDENT REPORT FORM

Check as many of the following as required:

- Aggressive/Threatening Behaviour
- Threatening/Obscene Phone Call
- Mentally Disturbed Behaviour
- General Disturbance
- Alcohol/Drug Use
- Weapons Use
- Verbal Abuse
- Intimidation
- Fighting
- Theft
- Harassment
- Other

Name: _____

Incident Description – Use another sheet, if required

Date: Time: _____

Name of person(s) involved, if known: _____

Address: _____

Phone: _____

COMPLETE THE FOLLOWING IF THE PERSON IS UNKNOWN

Male Female Age: _____

Clothing: _____

Hair colour/style: _____ Facial Hair: _____

Distinguishing characteristics: _____

Was the aggressor involved in any previous incident with the staff? Yes No

Were Emergency Services called? 911 Police Fire Ambulance

Did Emergency Services respond? Yes No

Attending Officer's name: _____ File #: _____

How many staff were involved in bringing this incident to a close? _____

Estimate the length of all staff time required to deal with this incident: _____

Staff Signature

Date

Supervisors Signature

Date

Investigation / Follow-Up

Action taken: _____

What measures are in place to prevent a similar incident? _____

What steps have been taken to help employees deal with trauma/stress? _____

Supervisor's Signature

Date Investigation Completed