



South Shore

Regional Centre for Education

**VIOLENCE IN THE WORKPLACE
INCIDENT REPORT FORM**

(Confidential)

Definition of “Violence” - any of the following:

- a) *Threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury,*
- b) *Conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee.*

EMPLOYEE REPORTING SECTION:

Employee Involved (name & position):

Name of School:

Name of Source of Violence (if known):

Location of Incident:

Witnesses:

Date and Time of Incident:

Did an injury occur as a result of the incident?

Yes No

 If yes, was medical attention required?

 Yes No

 If yes, was there time lost from work?

 Yes No

Description of Incident, including triggers, lead-ups, sequence of events, attempted interventions and resulting injuries:

Description of how incident concluded:

Signature of Employee: _____

Date: _____

Employees affected by a Violence in the Workplace incident are encouraged to seek appropriate debriefing and consultation with a Health Professional of their choice. Below is the contact information for Employee Assistance Programs:

Assistance Programs:

Non Teachers: <http://www.myinconfidence.ca/>

Teachers: www.myresilience.com

ORIGINAL TO PRINCIPAL/SUPERVISOR for completion and retention

PRINCIPAL/SUPERVISOR INVESTIGATION & PREVENTION SECTION:

Was the Source of Violence from another Employee: Yes No
 (If yes, contact that Employee’s Principal/Supervisor
 and Human Resources immediately)

Was the Incident criminal in nature: Yes No
 (If yes, report to Police immediately)

Identify causes or contributing factors:

Identify preventative actions to reduce or eliminate the chance of recurrence:

Does the preventative action require revision the Yes No
 Prevention Procedures, including a student’s BMP or IPP?
 (Consult with appropriate Program Planning team as needed)

Confirmation of notification of preventative actions to JOHSC/Rep Yes No

Any additional recommendations from JOHSC/Rep:

Confirmation of notification of preventative actions to Employee Yes No

Signature of Employee: _____
 Date: _____

Other comments:

Signature of Principal/Supervisor: _____
 Date: _____

**COPY TO HEALTH & SAFETY MANAGER for regional records:
 gsinclair@ssrce.ca**