



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):

School:

Source of Violence Name (if known):

Incident Location:

Witnesses:

Incident Date and Time:

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:

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

Teachers: www.myresilience.com

ORIGINAL TO PRINCIPAL/SUPERVISOR for completion and retention

PRINCIPAL/SUPERVISOR INVESTIGATION & PREVENTION SECTION
(Complete form in full):

Was the Source of Violence from another Employee: Yes No
 If yes, check to confirm immediate contact with that
 Employee's Principal/Supervisor and Human Resources

Was the Incident criminal in nature: Yes No
 If yes, check to confirm immediate report to Police

Identify causes or contributing factors:

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

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

Check to confirm notification of preventative actions to JOHSC/Rep
 Any additional recommendations from JOHSC/Rep:

Check to confirm notification of preventative actions to Employee
 Signature of Employee: _____
 Date: _____

Other comments:

Signature of Principal/Supervisor: _____
 Date: _____

ORIGINAL RETAINED AT THE WORKPLACE
COPY TO HEALTH & SAFETY MANAGER for regional register:
gsinclair@ssrce.ca