

Health and Safety

Violent Incident Report

Staff who have been subject to or witnessed a violent incident at work should complete this report as soon as possible. Upon completion, make 4 copies: 1 copy - to your supervisor, 1 copy - to your Workplace Joint Health & Safety Committee, 1 copy for your union, and you keep the original. This form can be filled out electronically and saved, if it is in hard copy, PLEASE PRINT

Identifying Information				
Name:	Local:	□Victim or □Witness		
Job Title:		Medical help or First Aid obtained?	□YES □NO	
Location:		Compensation form completed?	□YES □NO	
Was the aggressor(s) involved in any pervious violent incidents with staff: □YES □		Reported to Health & Safety Rep?	□YES □NO	
		Police Called?	□YES □NO	
Reported to Supervisor?		Supervisor whom		
		you reported:		
Aggressor		Incident Description		
☐ Patient ☐ Resident ☐ Client	'	Description of the event (include any relevant details such as location, lead up, and immediate follow up):		
□Visitor □Student □Passe	nger			
□Supervisor				
Other (specify)				
Name (if known)				
Incident Information				
Date: Click here to enter a date.				
Time:_ □AM □PM				
Type of incident: Uerbal Assault	Threatening			
(select all that \square Hitting \square	Kicking			
	Choking			
	Spitting			
]Theft			
	Stalking			
□ Sexual Assault □ Throwing Objects				
□Weapon? (specify)				
Other (specify):				
☐ Were you Working alone ☐ YES ☐ NO Were you exposed to blood or other bodily fluid?				
\square YES \square NO – If yes, seek medical attention		Name of any witness(es):		



Incident Information			
Body Segment	Description of Injury		
1. Head or face			
2. Neck			
3. Right Shoulder			
4. Left Shoulder			
5. Right Elbow			
6. Left Elbow			
7. R. Wrist & Hand			
8. L. Wrist & Hand			
9. Abdomen			
10. Pelvic Region			
11. Back			
12. R. Knee & Thigh			
13. Left knee & thigh			
14. R Foot and Ankle			
15 L. Foot and Ankle			
16 Other			
	1. Head or face 2. Neck 3. Right Shoulder 4. Left Shoulder 5. Right Elbow 6. Left Elbow 7. R. Wrist & Hand 8. L. Wrist & Hand 9. Abdomen 10. Pelvic Region 11. Back 12. R. Knee & Thigh 13. Left knee & thigh 14. R Foot and Ankle		

Other Information

Please provide any other information you think is relevant:

Internal Health and Safety Committee Use

What was the follow-up recommendation for the control of violence in the workplace based on this incident? Were the existing prevention policies reviewed and updated?