

## Workplace Violent Incident Report Form (Employee to complete)

"Violence" means the attempted or actual exercise by a person, other than a worker, of any 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".

	RM FOR EACH INDIVIDUAL				
Employee Name:			Job Title:		
School: or Bus Route#:			Date of Incident:		
Time of Ir	ncident::		Time Reported:		
Reported	to/ title:				
Type of Ir	<u>ncident</u>				
Struc	ck	Scratched	Verbal	Kicked	
Push	ed	Bitten	Sexual	Threat	
Posse	ession of pon	Use of Weapon	Other		
Student o	of Concern				
lame:			Age:	Grade:	
A: - D					
irst Aid Re	equired?	Yes	No		
WCB Forms	S Completed? (Form 6	A) Yes	No (if applicable		
Describe t	s Completed? (Form 6.	Yes  p to the Incident(For	No (if applicable example: student was as		

September 2024



## Workplace Violence Report Form (To be completed by Supervisor)

iysiciaii:	Yes		
	-		
	Yes	No	
Student has	designation:	Yes	No
Safety Plan	in place:	Yes	No
Safety Plan	Followed:	Yes	No
ABED:		Yes	No
rith staff?			
rith staff?			
	_		ABED: Yes