





# Workplace Violence Report Form

## (To be completed by Supervisor)

Principal/Supervisor: \_\_\_\_\_ JOHS/Worker Rep: \_\_\_\_\_

Worker advised they have a right to consult EFAP or their physician?

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Yes

Did the employee seek medical attention :

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Yes

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No

### Action Taken

Parent/Guardian notified:	Yes	No
Police Notified:	Yes	No
Police Attended:	Yes	No

Student has designation:	Yes	No
Safety Plan in place:	Yes	No
Safety Plan Followed:	Yes	No
ABED:	Yes	No

Name of Case Manager(if applicable): \_\_\_\_\_

Corrective Action taken(if applicable): \_\_\_\_\_

If necessary, how have staff been informed (details): \_\_\_\_\_

Was the student previously involved in violent incidents with staff?

If yes, School/Location: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature of Principal/Supervisor: \_\_\_\_\_

Signature JOHS/Worker Rep: \_\_\_\_\_

Emailed form to safe.schools@sd8.bc.ca):

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Yes (date): \_\_\_\_\_

Workplace Risk Assessment Form: attached