



## **VIOLENT INCIDENT REPORT FORM**

### **OH&S Program – Written Work Procedures**

#### **What is the Violent Incident Report Form?**

The Violent Incident Report Form is completed anytime staff encounters an incident involving a person (other than a co-worker) in the workplace of any attempted or actual exercise of 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. Violent incidents require the completion of the following form, which is then given to the immediate supervisor. If there is time loss or medication given, then the required WCB forms must also be completed.

#### **Who should complete the Violent Incident Report Form?**

The staff member most involved in dealing with the incident should complete the form.

#### **What happens to these forms?**

The form is given to the Supervisor, who will give a copy to the site-based joint Health & Safety Committee. An investigation will be carried out and recommendations made to try to prevent a similar incident.

#### **Why should I complete this form?**

The Health & Safety committee uses the information to track safety concerns; the RCMP may use the information to track an offender; and the information can be used to plan for future staff training and to develop a safety plan.



### VIOLENT INCIDENT REPORT FORM

Check as many of the following as required:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Aggressive/Threatening Behaviour | <input type="checkbox"/> Alcohol/Drug Use | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Threatening/Obscene Phone Call   | <input type="checkbox"/> Weapons Use      | <input type="checkbox"/> Fighting     |
| <input type="checkbox"/> Mentally Disturbed Behaviour     | <input type="checkbox"/> Verbal Abuse     | <input type="checkbox"/> Theft        |
| <input type="checkbox"/> General Disturbance              |   | <input type="checkbox"/> Harassment   |
|   |   | <input type="checkbox"/> Other        |

Name: \_\_\_\_\_

**Incident Description** – Use another sheet, if required

Date: Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person(s) involved, if known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**COMPLETE THE FOLLOWING IF THE PERSON IS UNKNOWN**

Male     Female    Age: \_\_\_\_\_

Clothing: \_\_\_\_\_

Hair colour/style: \_\_\_\_\_ Facial Hair: \_\_\_\_\_

Distinguishing characteristics: \_\_\_\_\_

Was the aggressor involved in any previous incident with the staff?     Yes     No

Were Emergency Services called?     911     Police     Fire     Ambulance

Did Emergency Services respond?     Yes     No

Attending Officer's name: \_\_\_\_\_ File #: \_\_\_\_\_

How many staff were involved in bringing this incident to a close? \_\_\_\_\_

Estimate the length of all staff time required to deal with this incident: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

**Investigation / Follow-Up**

Action taken: \_\_\_\_\_

What measures are in place to prevent a similar incident? \_\_\_\_\_

What steps have been taken to help employees deal with trauma/stress? \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Investigation Completed