Violent incident report form

Staff who have been victims of violence at work should complete this report as soon as possible.

1. Identifying Information

Name	Job title				
Shift	Department/section				
Location Parking lot Other (please specify) Lobby	Locker room				
Type of Assault Verbal Struck Scratched Other (please)	☐ Bitten ☐ Pushed ☐ Threat ☐ Kicked				
Medical attention/first aid obtained?	Advised of right to consult doctor?				
Investigation conducted?	No WCB forms completed?				
Reported to supervisor?	Police called? No				
Action taken					

2. Assailant					
Customer Visitor	Pat Oth	ient	☐ Ex-employee	☐ Resident	☐ Student
Description	П Ма	ıle 🗖 Female			
Age		Complexion	Height	Weight	
Name (if known)					
	nd Inji	ury Information			
Date of incident			Time		a.m. / p.m.
. Other Info		on in any previous violent inci	idents with staff?	☐ Yes	☐ No
Are there any measures in place to prevent a similar incident?			☐ Yes	☐ No	
Please provide an	ny other i	nformation you think is rele	vant.		

Suspect and vehicle identification

Write below specific facial details that you definitely remember.	What did the suspect say?	Tool or weapon seen.				Model Licence number	Damage/rust	Wheel covers	-
lair style	xture size appe (full ken)					Make	Ŭ	Bumper sticker	
Facial appearance	wrinkles Shape of eyebrow Size &	Mouth & lips Moustache or beard		Vehicle		Colour	Body style	Antenna	Direction of travel
RACE	HAT (Colour/type)	COAT	SHIRT/BLOUSE	PANTS/SKIRT	SHOES		TYE		
WEIGHT	ance	يسسم			<u> </u>			_/	
HEIGHT	General appearance					737.74	_)
AGE	Gene								
SEX Male Female	HAIR (Colour/style)	EYES (Glasses)	COMPLEXION	JEWELLERY	SCARS/MARKS		TATTOOS		