

SAMPLE VIOLENT INCIDENT REPORT FORM

Be sure to add, remove or change items on this sample form to make it specific to the needs at your workplace.

Incident Report Form	
1. GENERAL INFORMATION	
Date of incident:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name:	Job title:
	Division/Branch:
Location of incident: <input type="checkbox"/> Office <input type="checkbox"/> Offsite <input type="checkbox"/> Counter/reception area <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Telephone	
Type of assault:	<input type="checkbox"/> Verbal <input type="checkbox"/> Physical
2. DETAILED DESCRIPTION OF INCIDENT	
Describe Incident: (use additional paper, if required)	

Incident Report Form

Name of Supervisor notified:

Workplace Safety and Health Division called? Yes No

Police called? Yes No

Safety and Health Committee notified? Yes No

Were you advised to seek medical treatment? Yes No

Did you consult a doctor: Yes No

Medical attention, first-aid obtained? Yes No

Did an investigation occur? Yes No

WCB forms completed? Yes No

3. INFORMATION ABOUT THE ASSAILANT

Client Employee Other (specify)

Name and address of suspect if known:

4. IMMEDIATE ACTION TAKEN BY THE EMPLOYER

5. DIRECT & INDIRECT CAUSES (Attach any pictures, graphs etc.)

6. RECOMMENDATIONS

COMPLETED ON