

**VIOLENT INCIDENT REPORT**

**CONFIDENTIAL**

PLEASE PRINT CLEARLY, COMPLETE ENTIRE FORM

Date of Report: \_\_\_\_\_ Day of Week of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_

**REPORTING EMPLOYEE:**

Name: \_\_\_\_\_  
Name of Workplace/School: \_\_\_\_\_  
Position/Job Title: \_\_\_\_\_

**ALLEGED OFFENDER(s):**

Name: \_\_\_\_\_  
If name is unknown, please list identifying characteristics:  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Relationship of ALLEGED OFFENDER(s) to REPORTING EMPLOYEE  
(if any):**

Co-worker \_\_\_\_\_ Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Public: \_\_\_\_\_ Other (specify): \_\_\_\_\_  
(Attach additional descriptions if there is more than one alleged offender)

**WITNESS(es):**

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

**Type of Violence (e.g. Physical injury, threat of physical injury,) – please  
circle or highlight any or all that apply:**

Verbal abuse    Intimidation / threats    Aggressive behaviour    Use of weapon(s)

Violent behaviour (describe) \_\_\_\_\_

Unwanted physical contact (describe) \_\_\_\_\_

*Examples: Pushing, scratching, kicking, slapping, pinching, biting, head butting, hair pulling, restraining,  
inappropriate sexual contact*

**Description of incident: (attach separate pages if required, and include  
description of any relevant information leading up to the incident itself)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Employee signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**REPORT SUBMITTED TO:**

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

Title: \_\_\_\_\_

Location: \_\_\_\_\_

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**Administrator/Supervisor response:**

Name: \_\_\_\_\_ Date received: \_\_\_\_\_

**PREVENTATIVE ACTIONS TAKEN** (Check appropriate box):

- Employee provided appropriate debriefing. (Employee refers to Reporting Employee)
- Employee advised to consult with a health professional for treatment or counselling, and/or EAP.
- Employee notified of the actions taken to prevent or minimize reoccurrence.
- Other: \_\_\_\_\_

**COPY TO:**

Employee: \_\_\_\_\_

Offender(s), only if a TMSD employee \_\_\_\_\_

WPSH Site

Representative \_\_\_\_\_

School

Principal \_\_\_\_\_

Superintendent/CEO: \_\_\_\_\_