ALGOMA DISTRICT SCHOOL BOARD

WORKPLACE VIOLENCE INCIDENT REPORT

(APPENDIX 1)

School/Building:	Location of Incident:
Name of the person making the report:	Job title:
Date of Incident:	Time:

Identify the Victim

Name:	Female □	Male □
Employee: □ Student: □ Student's parent: □ Intruder: □ Visitor: □ (Specify) Other: □ (Specify)		

Identify the Offender (if possible)

Name:	Female □	Male □
Employee: □ Student: □ Student's parent: □ Intruder: □ Visitor: □ (Specify) Other: □ (Specify)		

Witnesses

ALGOMA DISTRICT SCHOOL BOARD

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(APPENDIX 1)

Nature Of Incident: (Check all that apply.) VERBAL: Abuse □ Threat □ PHYSICAL: Bite □ Punch □ Kick □ Scratch □ Pinch □ Spit □ Slap □ Other □ (specify):
Injuries Sustained: (Check all that apply.) Arm □ Hand □ Face □ Head □ Shoulder □ Neck □ Chest □ Back □ Leg □ Foot □ Other □ (specify): *(Please ensure that the Board's Accident Report Package is completed and submitted to the Health & Safety Office)*
Weapon(s) Involved: No □ Yes □ If yes, specify:
Repeat incident involving the same offender(s): Yes □ No □
Emergency Services Called: No □ Yes □ If yes, specify (Police, Fire, Ambulance):
Details of the Incident and Follow Up Action Required (To be filled in by the direct Supervisor):

Signature of the Worker _____ Date _____

Signature of the Supervisor (i.e. Principal/Manager) _____ Date _____

Signature of the Superintendent _____ Date _____

Distribution: Health and Safety Officer