ATTACHMENT 5.02

Violent Incident Report Template

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

Name	**Department**
Job Title	**Section**
Date/Time of Incident	**Supervisor**
Location ☐Parking Lot ☐ Lobby ☐ Locker Room ☐ Counter/reception area ☐Other (please specify)	
Type of Assault ☐ Verbal ☐ Struck ☐ Bitten ☐ Pushed ☐ Threatened ☐ Kicked ☐ Scratched ☐ Other (please specify)	
Was medical attention or first aid Obtained? ☐ Yes ☐ No	**Was the victim advised of the right to consult a doctor?** ☐ Yes ☐ No
Was an investigation conducted? ☐ Yes ☐ No	**Were WCB forms completed?** ☐ Yes ☐ No
Was the incident reported to the supervisor? ☐ Yes ☐ No	**Were the police called?** ☐ Yes ☐ No

Action Taken:

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