

Violent Incident Report Template

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

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

Action Taken:
