



WORKPLACE VIOLENCE INCIDENT REPORT

To be completed by the individual reporting / investigating the incident. This Form shall be completed following any Workplace Violence incident and distributed by scanning the document and sending through email to the intended recipient(s) as noted in the routing boxes at the bottom of the form. **Ensure that any witness statements / supporting documentation is provided to the Safety & Health Office referencing the specific incident.**

SECTION 1

Date of Incident:	Time:
Address/Location of Incident:	

SECTION 2

Individuals involved in the incident (use additional sheet(s) if necessary)

Name:	Name:
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SECTION 4

Nature of Incident (provide brief description)

<input type="checkbox"/> Stalking
<input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress
<input type="checkbox"/> Destruction of Property
<input type="checkbox"/> Physical Assault (Hitting, fighting, pushing, or shoving)
<input type="checkbox"/> Armed Assault - Use of object as weapon (specify)
<input type="checkbox"/> Verbal Harassment / Assault
<input type="checkbox"/> Sexual Harassment / Assault
<input type="checkbox"/> Other (specify)



Describe Incident in Detail

Include what happened, where, who was involved, what you heard, saw, etc.

List Names of Other Witnesses

Signature

Date

Person Receiving Witness Statement

Date

Routing

Yes No Name

<input type="checkbox"/>	<input type="checkbox"/>	Program Manager / Head
<input type="checkbox"/>	<input type="checkbox"/>	Chief Human Resource Officer
<input type="checkbox"/>	<input type="checkbox"/>	Manager, Health & Safety
<input type="checkbox"/>	<input type="checkbox"/>	Director, Campus Security

Ensure that all documentation is completed prior to submission (including witness statements, where applicable). Please ensure confidentiality by ensuring completed forms are properly secured and not left visible for public consumption.