



# WORKPLACE VIOLENCE—INCIDENT REPORT

The Occupational Health and Safety Act defines **Workplace Violence** as:

- (a) the exercise of **physical force** by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- (b) **an attempt** to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or
- (c) a **statement or behavior** that it is reasonable for a worker to interpret as a **threat to exercise physical force** against the worker, in a workplace, that could cause physical injury to the worker.

PLEASE USE THIS FORM IF YOU BELIEVE YOU ARE THE VICTIM OF WORKPLACE VIOLENCE AND THE ALLEGED ASSAILANT IS ANOTHER TCDSB EMPLOYEE OR VISITOR. IF THE ASSAILANT IS A STUDENT, PLEASE UTILIZE THE WORKPLACE VIOLENCE HAZARD FORM AND CONSULT WITH YOUR PRINCIPAL /SUPERVISOR AS NECESSARY

## PERSONAL CONTACT INFORMATION

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

(Victim/Complainant—one form, per employee, per incident)

\*\* (Optional) Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Affiliation:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CUPE Local 1280         | <input type="checkbox"/> CUPE Local 1328: (Adult ESL)         | <input type="checkbox"/> TSU-OECTA           |
| <input type="checkbox"/> CUPE Local 1328 (SBESS) | <input type="checkbox"/> CUPE Local 1328: (Adult ESL Nursery) | <input type="checkbox"/> TOTL-OECTA          |
| <input type="checkbox"/> CUPE Local 1328 (OCT)   | <input type="checkbox"/> APSSP                                | <input type="checkbox"/> TECT-OECTA          |
| <input type="checkbox"/> CUPE Local 1328 (SSSS)  | <input type="checkbox"/> MAPA (Non-Union)                     | <input type="checkbox"/> ETFO-Designated ECE |
| <input type="checkbox"/> CUPE Local 3155 (ILI)   |   |  |

## TYPE OF VIOLENT INCIDENT

- Exercise of Physical Force                       Attempt to Exercise Physical Force                       Threat to Exercise Physical Force

## DETAILS OF INCIDENT

School/Site Name & Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date & Time of Incident(s): \_\_\_\_\_

Location of Incident (Check all that apply):

- |                                    |                                      |                                   |  |
|------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Lab         | <input type="checkbox"/> Shop     | <input type="checkbox"/> Yard            |
| <input type="checkbox"/> Gym       | <input type="checkbox"/> Library     | <input type="checkbox"/> Stairs   | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Hallway   | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Washroom | _____                                    |

Weapon(s) Involved (if any): \_\_\_\_\_

Are there other victims/complainant(s) (circle):    Yes                      No

Others Contacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Ambulance             | <input type="checkbox"/> Doctor                     |
| <input type="checkbox"/> Police Officer: _____ | <input type="checkbox"/> Union                      |
| Badge Number: _____                            | <input type="checkbox"/> Agencies (i.e. CCAS) _____ |
| Incident/Crime Report Number: _____            |   |

Repeat incident involving the same assailant(s) (*circle*): Yes No

**NOTIFICATION OF INJURY/ACCIDENT INVESTIGATION REPORT  
(\*\*IF THE ALLEGED ASSAILANT IS YOUR PRINCIPAL/SUPERVISOR, PLEASE FAX DIRECTLY TO 416-229-5384. DO NOT FORWARD THIS FORM TO YOUR PRINCIPAL/SUPERVISOR IF HE/SHE IS THE ALLEGED ASSAILANT)**

Were you injured? (*circle*) Yes No If injured, have you advised your Principal/Supervisor? Yes No

Are you aware if the Principal/Supervisor completed and faxed the **ACCIDENT INVESTIGATION REPORT ("AIR")** to the Benefits Unit?  
Yes No

Did you receive medical attention? Yes No

**SPECIFICS OF INCIDENT**

Describe the incident:

Name(s) of witness(es):

**DISTRIBUTION**

**PRINCIPAL/SUPERVISOR TO FAX THIS COMPLETED INCIDENT REPORT TO: (416) 512-4980**

[NOTE: IF PRINCIPAL/SUPERVISOR IS ASSAILANT, VICTIM/COMPLAINANT TO FAX COMPLETED INCIDENT REPORT INSTEAD]

A copy of this form will be forwarded to the appropriate Union/Association.

**ADDITIONAL NOTE FOR VICTIM/COMPLAINANT:**

In certain instances, the Board may offer a facilitated mediation as a voluntary option prior to commencing a formal investigation.

Would you be prepared to engage in a facilitated mediation prior to an investigation commencing? (*circle*) Yes No