

Form F311-3 Aggressive Incident Report



AGGRESSIVE INCIDENT REPORT

COMPLETION OF THIS FORM IS REQUIRED IF YOU HAVE BEEN A VICTIM OF WORKPLACE VIOLENCE OR AGGRESSION. COMPLETE AND RETURN TO THE HS&W OFFICE (Fax# 613-735-0324) WITHIN 24 HOURS OF INCIDENT AWARENESS.

Workplace Violence is:

- The exercise of physical force that causes, or could cause, physical injury to the worker;
- An attempt to exercise physical force that could cause physical injury to the worker; or,
- A statement or behaviour that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker.

Completion of a Safe Schools Reporting Form is also required if this incident involved an activity for which suspension or expulsion must be considered.

1-3 TO BE COMPLETED BY EMPLOYEE

1. IDENTIFYING INFORMATION

Name: _____

Worksite: _____

Job Title: _____

2. ALLEGED ASSAILANT

Employee Visitor / Public

Parent Other _____

Student Initials _____ Age: _____

Identified with Special Education

Behavioural Identified

Developmental

3. INCIDENT & INJURY INFORMATION

Date of Incident: _____ Time: _____

Location: _____

Type of Violence:

3a. Exercise of physical force that causes or could cause injury to worker. Describe: _____

3b. Attempt to exercise physical force that could cause physical injury to the worker. Describe: _____

3c. Threat to exercise physical force that could cause physical injury to the worker. Describe: _____

Employee's Signature

Date

c.c.: H&S Dept., Special Education Dept. (if identified student)

It is the responsibility of the employee to inform his/her Union/Federation Health and Safety Representative.

4-6 TO BE COMPLETED BY SUPERVISOR

4. RESPONSE

First Aid obtained? YES NO

Medical aid obtained* and First Aid Incident form completed? YES NO

*Note: It is the employee's responsibility to determine if medical aid is required.

Police called? YES NO

5. OTHER INFORMATION

Was there any time lost due to the incident?
 YES NO

Was the assailant involved in any previous aggressive incidents? YES NO

Are there any measures, programs or protective equipment in place to prevent a similar incident?
 YES NO

Describe: _____

Please provide any other information you think may be relevant: _____

Action taken: _____

6. CASE CONFERENCE

Is a Case Conference required? Please refer to the Principal's Decision Making Protocol.
 YES NO

Case Conference Date: _____

Supervisor's Signature

Date