

VIOLENT INCIDENT REPORT

A **VIOLENT INCIDENT** encompasses any aggressive act that causes physical or emotional harm to a member and includes violence or any threatening statement that gives the member reasonable cause to believe there is a risk of physical or emotional harm. Intent is not a factor in determining risk to members. It does not matter that an assailant may be incapable of making a reasoned judgement prior to acting.

ETFO members who have been victims of violence at work should complete this report as soon as possible. Upon completion, send one copy to your Local President and keep one copy for your records. The purpose of the Violent Incident Report, which will be kept confidential, is to gather information about the extent and nature of such incidents, and to assist ETFO in developing strategies to improve the safety and health of ETFO members. The aggregate data will also be used to develop reports, to be submitted to your employer or other bodies, as appropriate.

PLEASE NOTE: ETFO members must also continue to complete any incident reports required under Board policy, WSIB, etc.

1. IDENTIFYING INFORMATION

Name: _____ Local: _____
Job Title: _____ Worksite: _____

2. ASSAILANT

Parent Student Visitor/Member of the Public Other (specify): _____
Name (if known): _____ Age: _____

3. INCIDENT AND INJURY INFORMATION

Date of incident: _____ Time: AM PM

Types of Violence:

Pinching Spitting Biting Pushing Striking Hair Pulling Scratching
 Threatening Kicking Sexual Verbal Other: _____

Location: _____

4. RESPONSE

Medical attention received? Yes No First aid obtained Yes No
WSIB forms completed? Yes No Police called? Yes No
Reported to supervisor? Yes No
Action taken: _____

5. OTHER INFORMATION

Has the assailant been involved in any previous violent incidents with staff? Yes No Don't know
Are there any measures in place to prevent a similar incident? Yes No Don't know

Please provide any other information you think is relevant: _____

