

**Employee Victim Incident Report**

.**1. GENERAL INFORMATION**

 Name: Click here to enter text. Job Title: Click here to enter text.

 Position: Click here to enter text. School/Work Site: Click here to enter text.

 Supervisors/Principals contact e-mail/information: Click here to enter text.

**2. INCIDENT DETAILS**

 Date of Incident: Click here to enter a date. Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ AM[ ]  PM[ ]

 Workplace location where incident occurred:

 Click here to enter text.

 **Type of Incident:** Choose an item.

 Please describe the incident:

 Click here to enter text.

 **Please indicate Y/N to the following:**

 Were police called? Yes [ ]  No [ ]

 Was report filed with supervisor? Yes [ ]  No [ ]

 Were WCB forms completed (non-teachers only)? Yes [ ]  No [ ]

**3. INFORMATION ABOUT THE ALLEGED OFFENDER:**

 Student [ ]  Coworker [ ]  Parent/Guardian [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of alleged offender: Click here to enter text.

**4. INJURY/PROPERTY LOSS/DAMAGE:**

Were you injured during the incident? Yes [ ]  No [ ]

Did you suffer property loss/damage? Yes [ ]  No [ ]

 Was medical attention or first aid obtained? Yes [ ]  No [ ]

 If yes, please describe: Click here to enter text.

**5. OTHER INFORMATION:**

 Was the suspect involved in previous incidents? Yes [ ]  No [ ]

 Are measures in place to prevent a recurrence? Yes [ ]  No [ ]

 Would you like additional follow-up? Yes [ ]  No [ ]

 If yes, please describe: Click here to enter text.

**5. OTHER INFORMATION CONT’:**

 Please provide any other information that you think is relevant: Click here to enter text.

 Were there witnesses to the incident? Yes [ ]  No [ ]

 If yes, please provide name, and contact information: Click here to enter text.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(This report will be submitted to your principal/supervisor for signature. A copy of this form will also be submitted to Human Resources and the appropriate network Superintendent and departments)**

**For Office Use Only**

How did the school/department team follow up with the alleged offender? Click here to enter text.

How did the school/department team follow up with employee? Click here to enter text.

Principal/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy sent to Human Resources? Yes [ ]  No [ ]