

**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