ALGOMA DISTRICT SCHOOL BOARD

confident learners, caring citizens

WORKPLACE VIOLENCE

INCIDENT REPORT

School/Building:	Location of Incident:
Name of the person making the report:	Job title:
Date of Incident:	Time:

Identify the Offender

Name: Grade: DOB:	Spec. Ed. □ Reg. Program □	Division: Pr □ Jr □ Int □ Sr □	Female □	Male □
Employee: □ Student: □ Student's parent: □ Intruder: □ Visitor: □ (Specify) Other: □ (Specify)				

Identify the Victim

Name:	Female □	Male □
Employee: □ Student: □ Student's parent: □ Intruder: □ Visitor: □ (Specify) Other: □ (Specify)		

Witnesses

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INCIDENT REPORT

Nature Of Incident: (Check all that apply.)

VERBAL: Abuse □ Threat □

PHYSICAL: Bite □ Punch □ Kick □ Scratch □ Pinch □ Spit □ Slap □
Other □ (specify):

Injuries Sustained: (Check all that apply.)

Arm □ Hand □ Face □ Head □ Shoulder □ Neck □ Chest □ Back □ Leg □
Foot □ Other □ (specify):

(Please ensure that the Board's Accident Report Package is completed and submitted to the Health & Safety Office)

Weapon(s) Involved: No □ Yes □ If yes, specify:

Repeat incident involving the same offender(s): Yes □ No □

Emergency Services Called: No □ Yes □
If yes, specify (Police, Fire, Ambulance):

Details of the Incident and Follow Up Action Required :

Signature of the Worker _____ Date _____

Signature of the Principal _____ Date _____

Signature of the Superintendent _____ Date _____

Distribution: Health and Safety Officer