

Initial Workplace Violence Incident Report

As soon as reasonably possible, the manager/supervisor or human resources representative should document the incident of workplace violence and/or harassment. Workers who were involved in the incident as well as any workers who may have witnessed what happened should be interviewed separately. This form may be completed by the worker(s) involved in the incident, any witness to the incident and the manager/supervisor/human resources person doing the investigation.

Personal Information

Name of Person Reporting Concern: _____

Job/ Role Title: _____

Location: _____ Province: _____

Male Female Employee Visitor/Vendor Company: _____

Contact Number: _____



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Description

1. Date Incident Occurred: _____ 2. Time Incident Occurred: _____ a.m. /p.m.

3. Exact Location Where Incident Occurred: _____

4. Describe the Incident:



Initial Workplace Violence Incident Report

5. Type of Incident (check all that apply):

Grabbed

Verbally Threatened

Threatened with Weapon

Persistent Bulling

Pushed

Robbery

Slapped

Vandalism to Property

Kicked

Bitten

Scratched

Knifed (Or Attempted)

Hit with Fist

Sexually Assaulted

Hit with Object

Sexually Harassed

Verbally Harassed

Other: _____

A large, semi-transparent watermark logo for ARGUS RESEARCH GROUP is centered on the page. The logo consists of a pink circular area with a white laurel wreath border. The text "ARGUS RESEARCH GROUP" is written in white, bold, sans-serif capital letters across the pink circle.

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Initial Workplace Violence Incident Report

Incident Description

6. Was a weapon used?

7. What type of weapon?

8. How was the weapon introduced?

9. Who brought the weapon to the workplace?

10. Were you working alone? If no, was there a witness to the incident?

11. If yes please list all witnesses and any contact details you may have for them:

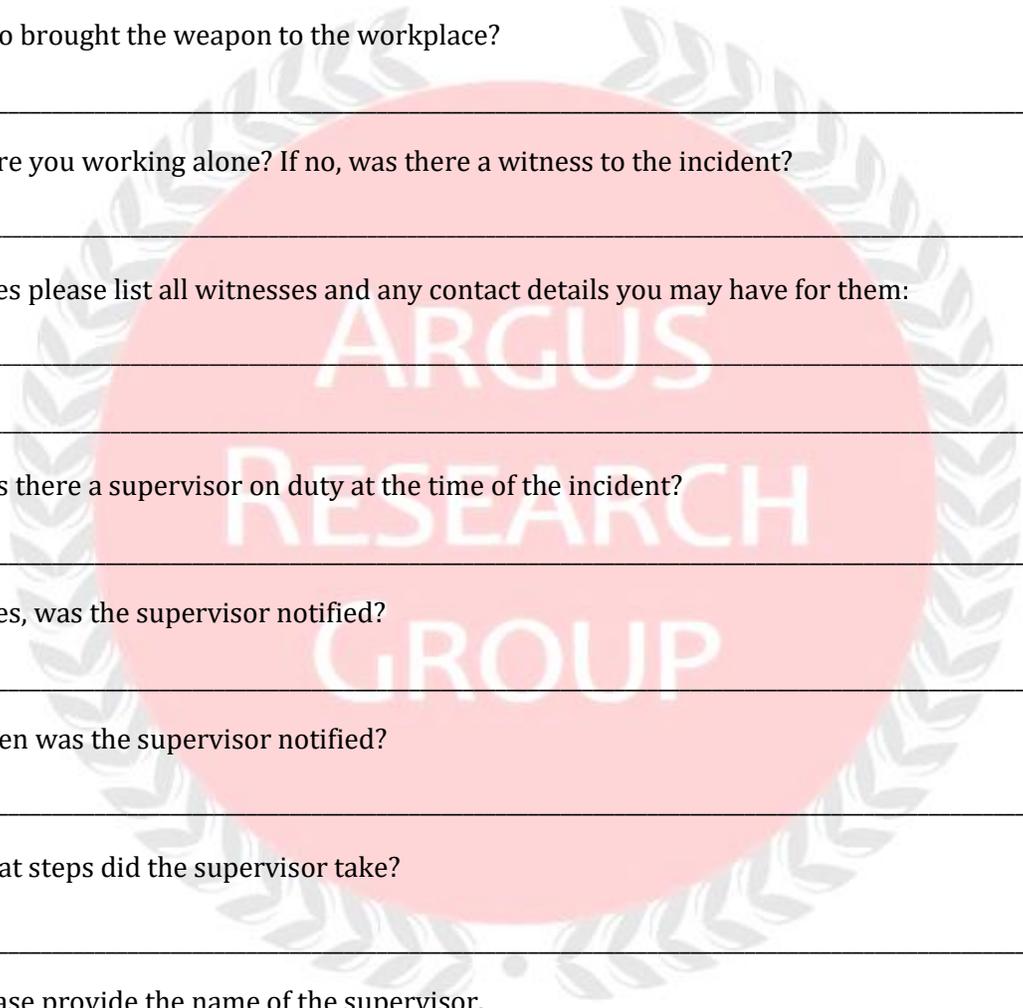
12. Was there a supervisor on duty at the time of the incident?

13. If yes, was the supervisor notified?

14. When was the supervisor notified?

15. What steps did the supervisor take?

16. Please provide the name of the supervisor.



Initial Workplace Violence Incident Report

17. Who threatened, harassed, bullied, or assaulted you?

Co-Worker

Sub Trade Worker/ Supervisor

Supervisor/Manager

Customer

Stranger/Member of the Public

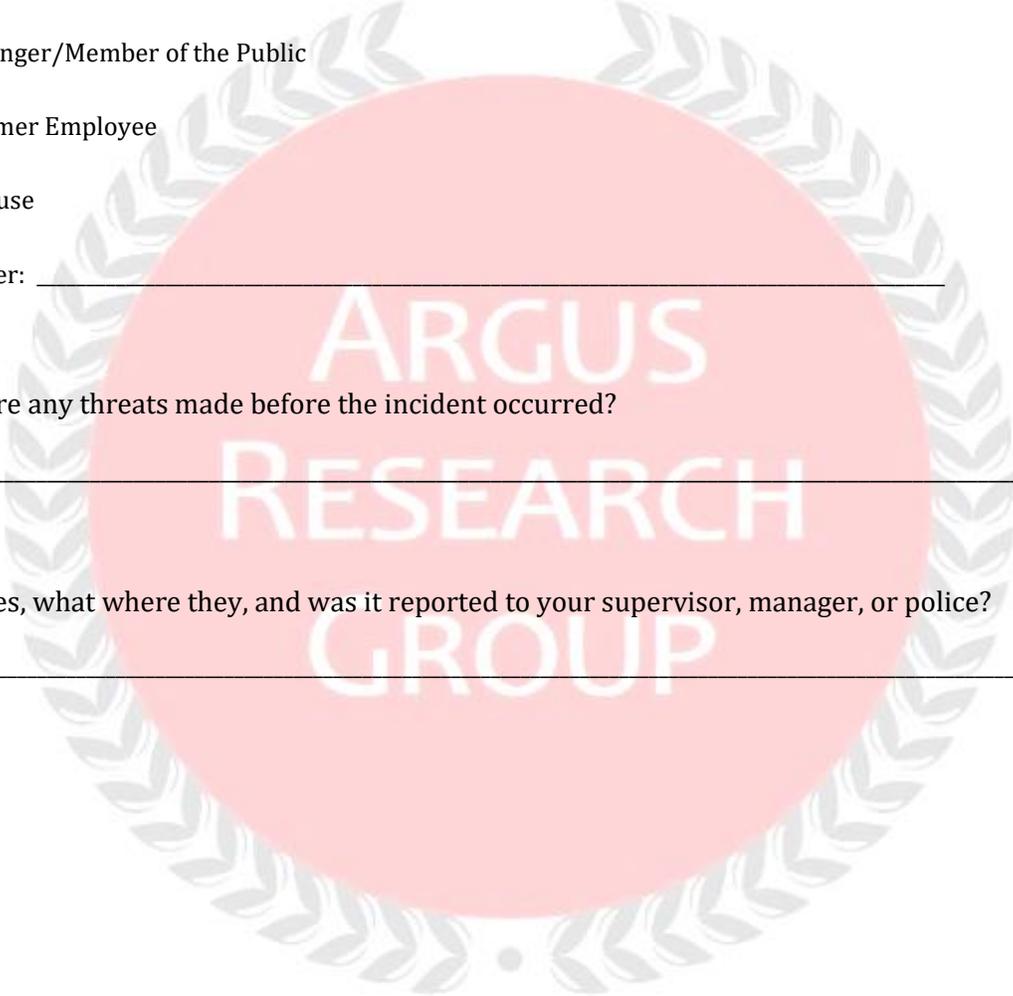
Former Employee

Spouse

Other: _____

18. Were any threats made before the incident occurred?

19. If yes, what where they, and was it reported to your supervisor, manager, or police?



Initial Workplace Violence Incident Report

Incident Analysis	<p>20. Has this type of incident occurred before at the workplace? If yes, please briefly explain.</p> <hr/> <hr/> <hr/>
	<p>21. What do you think were the main factors that contributed to the incident?</p> <hr/> <hr/> <hr/>
Post Incident Response.	<p>1. Did you require medical attention as a result of the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>2. Did you miss work as a result of the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>3. Was the incident reported to WSIB? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>4. Was the incident reported to Ministry or Labour? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>5. Was the incident reported to a manager or supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>6. Was the incident reported to the police? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>7. Was a police report filed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>8. Is a copy of that report available for our file? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>9. Is outside agency or third-party investigations required? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>10. Was the victim advised about their legal rights? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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Sign	Report Completed by (please print): _____
	Job/Position Title: _____
	Contact Number: _____ Date: _____
	Department or Work Location: _____

