

## 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 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: \_\_\_\_\_ Work site: \_\_\_\_\_

### 2. ASSAILANT

Parent    Student    Visitor / Member of the Public    Other (specify): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Age: \_\_\_\_\_

### 3. INCIDENT AND INJURY INFORMATION

Date of incident: \_\_\_\_\_ Time:    a.m.    p.m.

Type 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 Administrator?    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:** \_\_\_\_\_

**Please keep one copy of the completed form for your records and submit a copy to the ETFO Thames Valley Teacher Local.**