

## Form F311-3 Aggressive Incident Report



### AGGRESSIVE INCIDENT REPORT

**COMPLETION OF THIS FORM IS REQUIRED IF YOU HAVE BEEN A VICTIM OF WORKPLACE VIOLENCE OR AGGRESSION. COMPLETE AND RETURN TO THE HS&W OFFICE (Fax# 613-735-0324) WITHIN 24 HOURS OF INCIDENT AWARENESS.**

Workplace Violence is:

- The exercise of physical force that causes, or could cause, physical injury to the worker;
- An attempt to exercise physical force that could cause physical injury to the worker; or,
- A statement or behaviour that is reasonably interpreted as a threat to exercise physical force against the worker that could cause physical injury to the worker.

***Completion of a Safe Schools Reporting Form is also required if this incident involved an activity for which suspension or expulsion must be considered.***

#### 1-3 TO BE COMPLETED BY EMPLOYEE

##### 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Worksite: \_\_\_\_\_

Job Title: \_\_\_\_\_

##### 2. ALLEGED ASSAILANT

☐ Employee ☐ Visitor / Public

☐ Parent ☐ Other \_\_\_\_\_

☐ Student Initials \_\_\_\_\_ Age: \_\_\_\_\_

☐ Identified with Special Education

☐ Behavioural Identified

☐ Developmental

##### 3. INCIDENT & INJURY INFORMATION

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Violence:

3a. Exercise of physical force that causes or could cause injury to worker. Describe: \_\_\_\_\_

3b. Attempt to exercise physical force that could cause physical injury to the worker. Describe: \_\_\_\_\_

3c. Threat to exercise physical force that could cause physical injury to the worker. Describe: \_\_\_\_\_

Employee's Signature

Date

c.c.: H&S Dept., Special Education Dept. (if identified student)

It is the responsibility of the employee to inform his/her Union/Federation Health and Safety Representative.

#### 4-6 TO BE COMPLETED BY SUPERVISOR

##### 4. RESPONSE

First Aid obtained? ☐ YES ☐ NO

Medical aid obtained\* and First Aid Incident form completed? ☐ YES ☐ NO

\*Note: It is the employee's responsibility to determine if medical aid is required.

Police called? ☐ YES ☐ NO

##### 5. OTHER INFORMATION

Was there any time lost due to the incident?

☐ YES ☐ NO

Was the assailant involved in any previous aggressive incidents? ☐ YES ☐ NO

Are there any measures, programs or protective equipment in place to prevent a similar incident?

☐ YES ☐ NO

Describe: \_\_\_\_\_

Please provide any other information you think may be relevant: \_\_\_\_\_

Action taken: \_\_\_\_\_

##### 6. CASE CONFERENCE

Is a Case Conference required? Please refer to the Principal's Decision Making Protocol.

☐ YES ☐ NO

Case Conference Date: \_\_\_\_\_

Supervisor's Signature

Date