

Appendix I-D-3

Violent Incident Report Form

Violent Incident Report Form	
1. GENERAL INFORMATION	
Date of incident:	
Name:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Job Title:
Location of incident:	
Type of assault: <input type="checkbox"/> Verbal <input type="checkbox"/> Physical	
2. DETAILED DESCRIPTION OF INCIDENT	
Describe Incident: (use additional paper if required)	
Name of supervisor notified:	
Police/constable called? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you advised of your right to seek medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical attention, first aid obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. INFORMATION ABOUT THE ASSAILANT	
<input type="checkbox"/> Resident <input type="checkbox"/> Ex-employee <input type="checkbox"/> Other (specify)	
Name and address of suspect if known:	
Was the suspect involved in previous violent incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are measures in place to prevent a recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____	Date _____
1. ACTION TAKEN BY COUNCIL	
Detailed description of steps taken by the supervisor and council:	
Was first aid treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advised of right to consult a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. FOLLOW UP	
WCB Form completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide any other information you think is relevant:	
Signature (Council Representative) _____	
Date _____	