



EMPLOYEE'S REPORT OF A WORKPLACE VIOLENT INCIDENT

Name: _____ Date: _____
(Victim / Complainant – one form, per employee, per incident)

Affiliation: CUPE B CUPE C CUPE D ETFO-ETT ETFO Occasional
 MCSTC PSSP-OSSTF OSSTF Occasional OSSTF-STBU non-union

PERSONAL CONTACT INFORMATION: (Optional)

Home phone: _____ Cell: _____ e-mail: _____

TYPE OF VIOLENT INCIDENT *for definitions, see cover sheet.

A Exercise of Physical Force B Attempt to Exercise Physical Force C Threat to Exercise Physical Force

DETAILS OF INCIDENT

School/Site name: _____ Region: NW NE SW SE

Address: _____

Supervisor's name: _____ Supervisor's telephone #: _____

Date of incident: _____ Time of incident: _____ Date Report given to Supervisor: _____

Location of Incident: (Check all that apply.) Classroom Gym Hallway Lab Library

Parking Lot Shop Stairs Washroom Yard Other (specify) _____

ASSAILANT(S)

Co-worker Student (IEP) Student (no IEP) Parent/Guardian Visitor Other

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

Repeat incident involving the same assailant(s): Yes No

Are there other victims/complainant(s): Yes No

Others contacted: Ambulance Police Officer: _____ Badge # : _____

Doctor Union Agencies (ie. CAS) _____

NOTIFICATION OF TDSB HEALTH AND WELFARE OFFICE:

Were you injured: Yes No If yes, _____

Have you completed and faxed EMPLOYEE'S REPORT OF ACCIDENT/INJURY Yes No

SPECIFICS OF INCIDENT (Do not include name(s) of students attach another page if necessary.)

Name of person who completed this form, if other than the victim: _____

DISTRIBUTION

Worker to fax the completed Form to TDSB Health and Safety Office: 416-296-2528 and provide a copy to immediate Supervisor. Health and Safety Office will forward a copy of this form to your Union/Federation.

INSTRUCTION

Employee's Report of a Workplace Violence Incident

As of June 15, 2010 the Occupational Health & Safety Act was amended with respect to violence and harassment in the workplace, by Bill 168. These amendments now require all workplace violence or threats of workplace violence to be reported for investigation to your Principal / Site Supervisor.

DEFINITIONS

Workplace Violence:

- a) the exercise of physical force by a person against a worker, in the workplace, that causes or could cause **physical injury** to the worker;
- b) an attempt to exercise physical force against a worker, in the workplace, that could cause **physical injury** to the worker; and
- c) a statement or behaviour that is reasonable for the worker to interpret as a threat to exercise physical force against the worker, in the workplace, that could cause **physical injury** to the worker.

Assailant:

An individual, who has threatened, attempted or has exercised physical force that has caused or could have caused physical injury. This includes: students; co-workers; parents; guardians; or visitors.

Instructions:

All Occupational Health & Safety forms can be found by accessing our web page on the TDSB web site at:

<http://tdsbweb/site/ViewItem.asp?siteid=266&menuid=21626&pageid=18838>

COMPLETED FORMS must be forwarded as follows:

- Do not include the names of students in the details of incident.
- Personal contact information is optional
- One form should be completed, per incident, per complainant.

Employees Responsibility:

- To complete the electronic form and submit a copy to your Principal / Site Supervisor (If you're immediate Supervisor is not the Principal/Site Supervisor where the incident occurred, the incident MUST be reported to both individuals.)
- If a physical injury has occurred, ensure that the Employee's Report of Accident/Injury form is also completed and forward it to the Health and Welfare Office.

Principal / Site Supervisor:

- The Principal/Supervisor must investigate the incident and complete the on line Supervisor's Workplace Violent Incident Investigation Report (SWVIIR) form.

ADDITIONAL NOTES:

- For all other Health & Safety concerns please complete and submit the Occupational Health & Safety Concern Form.