

Employee's Report of a Workplace Violent Incident Instructions

The Occupational Health & Safety Act addresses workplace violence and harassment. All workplace violence or threats of workplace violence must be reported to your Principal/Supervisor for investigation.

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.

EMPLOYEE RESPONSIBILITY

If you have experienced workplace violence as defined above, then you are required to complete this form as outlined below.

COMPLETED FORMS must be forwarded as follows:

ALL incidents of workplace violence must be reported. An Employee's Report of Workplace Violent Incident must be completed online by accessing the following link <http://tdsbweb/site/ViewItem.asp?siteid=266&menuid=40501&pageid=33894> or by visiting the TDSB intranet→Employee Services→Health and Safety→H&S Reporting/Forms

ADDITIONAL NOTES

- If you are injured you must also complete an Employee's Report of Accident/Injury and forward to the Disability Claim Administration Office by fax 416-393-8533.
 - Do not include the names of students in the details of incident.
 - Personal contact information is NOT required. This information is optional.
 - A complainant may complete 1 online report for multiple incidents per day, per assailant.
 - If you have any concerns regarding risk of injury from violence you may complete a Health and Safety Concern/Near Miss Incident Form.
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