



STAFF INCIDENT REPORT FORM

Regarding Violence Directed Toward a Teacher of the Board

Completion of this form is important in monitoring workplace safety.

Name of Employee _____ Position _____

School/Location _____

Date _____ Time of Incident: _____

Location _____

Nature of Incident (check appropriate box/es):

Physical Abuse/Assault to self and/or your personal property:

- Bite
- Punch, hit
- Scratched
- Kicked
- Other, please specify _____
- Hair Pulled
- Clothing torn
- Glasses broken

Threatened Physical Abuse/Assault to self and/or your personal property:

- Please state what was said
- _____
- _____
- _____

Please describe the incident: _____

Were you injured? NO YES

If yes , contact Ext. 3333 at the Board Office 705-742-9773 / 1-800-741-4577 within 24 hours.

Nature of the injury (Please give details):

Abuse Was By:

Student(s) in your Class Male Female Grade _____
Other Student(s) Male Female Grade _____
Other (e.g. parent)

Has this incident been reported to the Principal/VP? Yes No
Has this incident been reported to your union affiliate? Yes No
Has the incident been reported to the police? Yes No
Was a weapon involved? Yes No
Is any additional information or a follow-up report attached? Yes No
Has the student been involved in other incidents? Yes No Unknown
Has the student been referred for support services? Yes No Unknown
Have the parents been notified/involved? Yes No Unknown
Was the act of violence intentional? Yes No Unknown

Do you have protective equipment? Yes No

If yes, indicate specifics: _____ Sleeves _____ Shin guards _____ Chest protection
_____ Face guard _____ Other _____

Do you require protective equipment? Yes No

If yes, indicate request: _____ Sleeves _____ Shin guards _____ Chest protection
_____ Face guard _____ Other _____

Are there any measures in place to prevent a similar incident? Yes No

Is there a safety plan in place? Yes No

Date Submitted _____ Employee Signature _____

This form is time sensitive. Please submit within 24 hours.

Please retain one copy for your personal records, file a copy with Human Resources Department, Occupational Health and Safety and forward a copy to the Local ETFO office.