

Form 1



Worker's Statement of Incident

*This form is N/A for worker to worker incidents

INSTRUCTIONS

Complete Form 1 prior to any other form.
 Completed by Worker(s) involved.
 Provide the completed report to your P/VP or Supervisor.
 P/VP or Supervisor to follow investigation process.
 If you have been injured, please see First Aid Attendant.
 Incidents to be reported as soon as possible.

School Site:		Specific Location:	
Date & Time of Incident:		Date & Time Worker Reported Incident:	
		AM PM	AM PM
Name of Worker Involved in Incident:		Work Phone #	Position
Name of P/VP or Supervisor:		Work Phone #	
Name of Witnesses:			
1.	2.	3.	

In your best professional judgment, this incident involving violence can be best categorized as:

Verbal abuse Verbal threat Written threat Threatening Gestures Physical assault

Weapon involved yes no If yes, specify: _____

Aggressor's Name (if known): _____	<input type="checkbox"/> Parent	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Student	DOB: _____ Gr: _____

Nature of Injury: (Include body area/part affected; left, right; psychological, etc.)	
Did you seek First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see a physician? <input type="checkbox"/> Yes (If yes, complete Form 6A) <input type="checkbox"/> No If yes, when? _____ (Dates)	
Were you absent from work? <input type="checkbox"/> Yes (If yes, complete Form 6A) <input type="checkbox"/> No If yes, when? _____ (Dates)	

Description of Violent Incident: (Attach supporting documents as required. Inc. sequence of events, sketch, equipment, etc.)

Next Steps/Action Taken:	Completed Form 2 <input type="checkbox"/> Yes <input type="checkbox"/> No	No Further Action Required <input type="checkbox"/>
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P/VP or Supervisor's Signature: _____ Date: _____ Worker's Signature: _____ Date: _____

Copies to: Associate Superintendent (via email) P/VP or Supervisor (redacted version to be shared with JOHS Committee)
 HR (cmerner@sd61.bc.ca) District Behavioral Consultant (dmarchant@sd61.bc.ca) Worker (redacted)

File this completed form, in a binder, in a secure location in the administrator's office.

