

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

ADMINISTRATIVE REGULATIONS APPENDIX C

Section: Human Resources
C Occupational Health and Safety

Regulation: OCCUPATIONAL HEALTH AND SAFETY POLICY: WORKING SAFELY IN SPECIAL EDUCATION

Regulation Code: HR-4.1.2C
Policy Code Reference: HR-4.1
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KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Form S:J

This information is collected and maintained under the authority of the Education Act in compliance with the Municipal Freedom of Information and Protection of Privacy Act.

STAFF INCIDENT REPORT FORM
Regarding Violence Directed Toward an Employee of the Board

An incident is any expression of physical, psychological or verbal abuse that infringes on the rights of another person or another's property.

Completion of this form is important in monitoring workplace safety.

Name of Employee _____ Position _____
School/Location _____
Date/Time of Incident _____
Location _____

Type of Incident (check appropriate box(es)):

| | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| Physical Abuse/Assault | <input type="checkbox"/> | Threatened Abuse of your Personal Property | <input type="checkbox"/> |
| Abuse of Personal Property | <input type="checkbox"/> | Verbal Abuse | <input type="checkbox"/> |
| Threatened Physical Abuse/Assault | <input type="checkbox"/> | Sexual Abuse | <input type="checkbox"/> |
| Racial | <input type="checkbox"/> | Homophobic | <input type="checkbox"/> |
| Religious | <input type="checkbox"/> | Disabilities Related | <input type="checkbox"/> |

Abuse Was By:

Student(s) in your Class Male Female Grade
Other Student(s)
Intruder(s)
Parents
Community Member(s)

Has this incident been reported to the principal? Yes No
Has this incident been reported to a vice-principal? Yes No
Has this incident been reported to your union affiliate? Yes No
Has the incident been reported to the police? Yes No
Have charges been laid? Yes No

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Section: Human Resources
C Occupational Health and Safety

Regulation: OCCUPATIONAL HEALTH AND SAFETY POLICY: WORKING SAFELY IN SPECIAL EDUCATION – continued

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| | | |
|---|------------------------------|-----------------------------|
| Was medical attention necessary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the student been suspended? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was a Workers' Compensation Board Form 7 filled out? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is any additional information or a follow-up report attached? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the student been involved in other incidences? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the student been referred for support services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have the parents been notified/involved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was the act of violence intentional? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was a weapon involved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Record further details on the back of this form if necessary.

Date Submitted _____ Employee Signature _____

Please retain one copy for your personal records and file a copy with the Human Resources Department.

Established: 27 April 2004

Revision Dates: