

# VIOLENT INCIDENT REPORT



**A VIOLENT INCIDENT** encompasses any aggressive act that causes physical or emotional harm to a member and includes violence or any threatening statement that gives the member reasonable cause to believe there is a risk of physical or emotional harm. Intent is not a factor in determining risk to members. It does not matter that an assailant may be incapable of making a reasoned judgement prior to acting.

ETFO members who have been victims of violence at work should complete this report as soon as possible. Upon completion, send one copy to your Local President and keep one copy for your records. The purpose of the Violent Incident Report, which will be kept confidential, is to gather information about the extent and nature of such incidents, and to assist ETFO in developing strategies to improve the safety and health of ETFO members. The aggregate data will also be used to develop reports, to be submitted to your employer or other bodies, as appropriate.

**PLEASE NOTE:** You may attach a copy of the Board's "Staff Incident Report Form Regarding Violence Toward an Employee of the Board", in which case, you need not complete any duplicated information on this ETFO form. If you have sustained any injury, please ensure that you have completed the required WSIB form.

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## 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Local: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worksite: \_\_\_\_\_

## 2. ASSAILANT

Parent     Student     Visitor/Member of the Public     Other (specify): \_\_\_\_\_  
Name (if known): \_\_\_\_\_ Age: \_\_\_\_\_

## 3. INCIDENT AND INJURY INFORMATION

Date of incident: \_\_\_\_\_ Time:  AM  PM

### Types of Violence:

Pinching     Spitting     Biting     Pushing     Striking     Hair Pulling     Scratching  
 Threatening     Kicking     Sexual     Verbal     Other: \_\_\_\_\_

Location: \_\_\_\_\_

## 4. RESPONSE

Medical attention received?     Yes     No    First aid obtained     Yes     No  
WSIB forms completed?     Yes     No    Police called?     Yes     No  
Reported to supervisor?     Yes     No

Action taken: \_\_\_\_\_  
\_\_\_\_\_

## 5. OTHER INFORMATION

Has the assailant been involved in any previous violent incidents with staff?     Yes     No     Don't know  
Are there any measures in place to prevent a similar incident?     Yes     No     Don't know

Please provide any other information you think is relevant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_