ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD
STAFF VIOLENT INCIDENT REPORT FORM

Employee Name: | **Date:**

Affiliation: ☐ CUPE ☐ Support Staff ☐ OECTA Occasional ☐ School Administration ☐ OECTA ☐ Other

Site Name:

Site Address: | **Site Phone:**

Date of Incident: | **Time of Incident:** | **Date Reported** (If different from above):

Use of site at the time: (check all that apply)

☐ Regular ☐ Extra-Curricular ☐ Con-Ed ☐ Other ☐ Permit issued to: _____

Location of incident: (check all that apply)

☐ Washroom ☐ Stairs ☐ Yard ☐ Classroom ☐ Hallway ☐ Other: _____

Aggressor(s):

☐ Student ☐ Parent/Guardian ☐ Visitor ☐ Co-worker ☐ Other: _____

Repeat incident involving the same aggressor(s): ☐ **Yes** ☐ **No** **(Use Pg 3 for repeat incidents occurring on the same day)**

Nature of incident: (check all that apply)

VERBAL ☐ Abuse ☐ Threat **HARASSMENT** ☐ Verbal ☐ Physical

EMOTIONAL ☐ Traumatic Stress ☐ Sexual

PHYSICAL ☐ Bite ☐ Kick ☐ Scratch Pinch ☐ Spit ☐ Slap ☐ Other: _____

Injury sustained: (Check all that apply) ☐ Arm ☐ Hand ☐ Face ☐ Head ☐ Shoulder ☐ Neck

☐ Chest ☐ Back ☐ Leg ☐ Foot ☐ Yes (if Yes specify) _____

Weapon(s) Involved: ☐ No ☐ Yes (If yes specify) _____

Agencies Involved: ☐ Ambulance

☐ Police Officer: _____ Badge # _____

☐ Doctor ☐ CAS ☐ Union

Notification of Central JHSC Co-Chairs:

Date Faxed: _____

Details of the Incident – to be completed by the Staff Member

Relevant events that preceded the incident:

To be completed by the Site Supervisor/Principal				
Was prescribed protective equipment used?	☐ Yes	☐ No	☐ Not Prescribed	☐ Student doesn't have IEP

Proactive measures taken:

- ☐ Verbal redirection/prompts
- ☐ Encourage calming/self-regulation strategies (take a walk etc.)
- ☐ Acknowledge frustrations and emotions
- ☐ Follow safety/behaviour plan
- ☐ Remove to quiet location
- ☐ Evacuated classroom
- ☐ Call for assistance
- ☐ Other (please specify): _____

Possible contributing factors:

Other relevant information: (to be completed as appropriate)

Outcome: (aggressor apprehended, police called, fatal injury, medical assistance required, first aid treatment required, time lost, emotional shock or distress, legal action initiated)

Supervisor's Signature **Date**

DISTRIBUTION			
		For HR Use Only	
☐ Human Resources Fax #: 613-354-5615	☐ (WSIB Forms) Finance Officer Payroll/HR Systems **Fax #: 613-354-0107**	☐ Student Services (If Student with Special Education needs is involved) Fax#: 613-354-9822	☐ School Superintendent Fax#: 613-354-0549

NOTE: If any injury or lost time results from this incident, please ensure that you have completed the required WSIB Forms and submit them to the **Finance Officer – Payroll/HR Systems**

Time	Location	Details of Repeat Incident