



Violent Incident Reporting

Act of Violence means threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury.

Threatened or actual Acts of Violence (see definition) to TDSB employees has been increasing over the last number of years. In order to determine trends, the attached form has been developed to allow for the reporting of such incidents. Employees are required to report Acts of Violence using the prescribed form and notify their Supervisor of the situation. Completed forms are to be forwarded to the Health & Safety Office, who will forward it to the Regional Health & Safety Committee representative. All Acts of Violence to an employee, by a student must also be reported to the Safe Schools Department. Refer to the Safe Schools Policy.



JOINT HEALTH AND SAFETY COMMITTEE (JHSC) VIOLENT INCIDENT REPORTING FORM

Name: (Victim / Complainant)	Date:
Affiliation: <input type="checkbox"/> CUPE B <input type="checkbox"/> CUPE C <input type="checkbox"/> CUPE D <input type="checkbox"/> ETFO <input type="checkbox"/> ETFO Occasional <input type="checkbox"/> MCSTC <input type="checkbox"/> OSSTF <input type="checkbox"/> OSSTF Occasional <input type="checkbox"/> OSSTF PSSP <input type="checkbox"/> non-union	

Workplace of Incident

Site Name:	Region:	Site Phone:
Site Address:		Supervisor's Name:
Date of Incident:	Time of incident:	Date Reported to Supervisor:
Use of Site at the time: (Check all that apply.) <input type="checkbox"/> Regular <input type="checkbox"/> Extra-Curricular <input type="checkbox"/> Con-Ed <input type="checkbox"/> Permit issued to _____		
Location of Incident: (Check all that apply.) <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Library <input type="checkbox"/> Gym <input type="checkbox"/> Lab <input type="checkbox"/> Shop <input type="checkbox"/> Washroom <input type="checkbox"/> Stairs <input type="checkbox"/> Yard <input type="checkbox"/> Other (specify) _____		

Incident

Assailant(s): <input type="checkbox"/> Student (IPRC) <input type="checkbox"/> Student (no IPRC) <input type="checkbox"/> Student's Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Co-worker <input type="checkbox"/> Other	
Nature Of Incident: (Check all that apply.) VERBAL: <input type="checkbox"/> Abuse <input type="checkbox"/> Threat EMOTIONAL: <input type="checkbox"/> Symptomatic Stress PHYSICAL: <input type="checkbox"/> Bite <input type="checkbox"/> Punch <input type="checkbox"/> Kick <input type="checkbox"/> Scratch <input type="checkbox"/> Pinch <input type="checkbox"/> Spit <input type="checkbox"/> Slap <input type="checkbox"/> Other (specify) _____	
Injuries Sustained: (Check all that apply.) <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Other (specify) _____	
Weapon(s) Involved: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify. _____	
Repeat incident involving the same assailant(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agencies Involved: <input type="checkbox"/> Ambulance <input type="checkbox"/> Police Officer: _____ Badge #: _____ <input type="checkbox"/> Doctor <input type="checkbox"/> CAS/CCAS <input type="checkbox"/> Union	Notification of TDSB Health and Welfare Office: Completed and faxed EMPLOYEE'S REPORT OF ACCIDENT/INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No

Details of Incident (Do not include names.)

Name of person who completed this form, if other than the victim:

Distribution

Fax the completed Form to TDSB Health and Safety Office: 416-397-3215 Upon receipt, Health and Safety Office personnel will forward a copy of this form to your Union.
--