

# Form 1



## Worker's Statement of Incident

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

|                                      |    |                                       |          |  |
|--------------------------------------|----|---------------------------------------|----------|--|
| School Site:                         |    | Specific Location:                    |          | <b>INSTRUCTIONS</b><br>Complete Form 1 prior to any other form. Completed by Worker(s) involved ASAP. Provide the completed report to your P/VP or Supervisor.<br>P/VP or Supervisor to follow investigation process, if required, see back page of form. If you have been injured, please see First Aid Attendant.<br>Incidents to be reported as soon as possible. |
| Date & Time of Incident:             |    | Date & Time Worker Reported Incident: |          |  |
|                                      |    | AM<br>PM                              | AM<br>PM |  |
| Name of Worker Involved in Incident: |    | Work Phone #                          |          |  |
| Name of P/VP or Supervisor:          |    | Work Phone #                          |          | Position   |
| 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: \_\_\_\_\_

|  |  |
|--|--|
| <b>Aggressor's Name (if known):</b><br>_____ | <input type="checkbox"/> Parent <input type="checkbox"/> Other _____<br><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.)<br><br><br><br><br><br><br><br><br><br> |
|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>Next Steps/Action Taken:</b> | Completed Form 2 <input type="checkbox"/> Yes | *No Further Action Required <input type="checkbox"/> |
|---------------------------------|---|--|

\*If no further action, please provide rational: \_\_\_\_\_

P/VP or Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provide 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.**

**Completion of Form 2 will depend on the following:**

- The worker's perception of the incident, if they feel further action is needed to mitigate future incidents.
- If a new behaviour is displayed or a past behaviour has escalated to the point where revisions to previous corrective actions or Worker Safety Plan (Form 3) are needed to protect workers.
- Worker seeks medical aid or misses time from work due to the incident.

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

Created: 09/02/2014

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