** TCRCE Violence Incident Reporting Form  2024-25**

| **To be completed by reporting employee immediately after incident** |
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| Last Name:  | First Name  | Position | E Mail |
| School/Site  | Date of Occurrence  | Time of Occurrence |
| Detailed Location  | Date Reported |
| Describe the type of  violence. Attach an additional page if necessary. For an injury, proceed to the “incident/Accident Injury Reporting Form”, “WCB Form” or “Injury On Duty Form” (if missed time and/or received medical attention). Describe what happened and describe injury. Attach a diagram, if helpful. |
| **Part of Body Injured:** |
| Workplace violence incident, indicate the relationship of alleged offender(s) to reporting employee if any:Co-Worker Parent Public Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Contact your Supervisor/Principal/OHS/HR immediately).Student (initial only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Details: Attach an additional page if necessary |
| **To be completed by Principal/Supervisor upon investigation of incident** |
| **Witnesses: Attach witness statements if applicable (indicate if staff or visitor)** |
| Name  | Telephone |
| Name  | Telephone |
| **Noted Reasons/Triggers/Causes:**  |
| **Prevention/Corrective Action:** Examples: Training/instruction of person involved, Notify student services and appropriate specialists training Other (describe):  |
| **Principal/Supervisor Actions (all four actions are required for workplace violence incidents)** |
| Employee notified of actions taken to prevent or minimize recurrence Details of actions specified below: Employee provided appropriate debriefing Workplace JOHS Committee notified (only) of nature of incident and preventative actions taken Employee advised to consult with a health care professional for treatment or counseling, and or EAP, if appropriate |
| **Signatures: *I declare that all information is a valid representation of the reported incident and actions taken*** |
| Signature (Principal/Supervisor)  | Name (print)  | Date (dd-mm-yyyy) |
| Signature (Reporting employee)  | Name (print)  | Date (dd-mm-yyyy) |

**Completed form should be sent by confidential scan e mail to David Buckland, OHS David.buckland@tcrce.ca and provided to your Supervisor/Principal.**

**Copies to be kept on file for 5 years.**