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

| **To be completed by reporting employee immediately after incident** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 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.**