VIOLENCE AND HARASSMENT REPORTING FORM

# Privacy Policy

[name of the person or unit designated to receive incident notifications] will read the information provided on this form, which may be shared with the respondent or a party or to an investigator or conciliator, if necessary. In addition, the names of the following will not be included in the investigator's report:

|  |  |
| --- | --- |
| * 🞏 principal party * 🞏 respondent | * 🞏 witnesses * 🞏 any other person involved in the incident resolution process |

# In Case of Emergency

If you believe someone's life or physical safety is at risk, please initiate your emergency procedures by calling the Safety Office at [telephone number of the office that handles emergency procedures] or by dialling 911.

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| **PART 1** – **INCIDENT DETAILS** (to be completed by the party reporting the incident) | | |
| Date of Report |  | |
| Reporter’s Name |  | |
| Location of incident |  | |
| Date of Incident |  | |
| Time of Incident | 🞏 AM 🞏 PM | |
| Victim’s Name |  | |
| Relationship To (co. name) |  | |
| Contact Information |  | |
| Additional Witnesses | **Name** | **Contact Information** |
|  |  |
|  |  |
| Injuries and Damage | **Yes** | **No** |
|  |  |
| Were there any injuries or property damage reported? |  | |

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| **PART 1 – INCIDENT DETAILS (cont’d)** | |
| Medical attention/first aid obtained? |  |
| Any time missed from work as a result of the incident? |  |
| If “yes” to any of the above provide details of injuries, property damage, treatment and/or repairs. |  |

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| **PART 2** – **DESCRIPTION OF INCIDENT** (to be completed by party reporting incident) | |
| **In your own words, please provide a detailed description of the incident based on what you experienced or was reported to you and other pertinent information.** | |
|  | |
| **Describe immediate actions taken (e.g., contacted supervisor, told Respondent to stop behaviour, called 911, etc.).** | |
| **PART 2** – **DESCRIPTION OF INCIDENT** (cont’d) | |
| **Describe your recommendations for corrective and preventive actions, if any.** | |
| Reporter’s signature |  |

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| **PART 4** – **OTHER INFORMATION PERTINENT** (to be completed by Investigator) |
| Identify pertinent information possibly including but not limited to:   * Police report * Violence risks and controls from risk assessment * Past incidents * Worker training |
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| --- | --- | --- | --- |
| **PART 6** – **CORRECTIVE AND PREVENTIVE ACTIONS** (to be completed by Investigator) | | | |
| **Actions** | **Responsible** | **Target Date** | **Completion Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 7** – **COMMUNICATION OF RESULTS** | | | |
| **Party** | **Name** | **Signature** | **Date** |
| Investigator |  |  |  |
| Victim |  |  |  |
| Alleged perpetrator |  |  |  |