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## VIOLENT INCIDENT REPORT

A **VIOLENT INCIDENT** encompasses any aggressive act that causes physical or emotional harm to a member and includes violence or any threatening statement that gives the member reasonable cause to believe there is a risk of physical or emotional harm. Intent is not a factor in determining risk to members. It does not matter that an assailant may be incapable of making a reasoned judgement prior to acting.

ETFO members who have been victims of violence at work should complete this report as soon as possible. Upon completion, send one copy to your Local President and keep one copy for your records. The purpose of the Violent Incident Report, which will be kept confidential, is to gather information about the extent and nature of such incidents, and to assist ETFO in developing strategies to improve the safety and health of ETFO members. The aggregate data will also be used to develop reports, to be submitted to your employer or other bodies, as appropriate.

**PLEASE NOTE:** ETFO members must also continue to complete any incident reports required under Board policy, WSIB, etc.

### 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Local: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worksite: \_\_\_\_\_

### 2. ASSAILANT

• Parent • Student • Visitor/Member of the Public • Other (specify): \_\_\_\_\_  
Name (if known): \_\_\_\_\_ Age: \_\_\_\_\_

### 3. INCIDENT AND INJURY INFORMATION

Date of incident: \_\_\_\_\_ Time: • AM • PM

#### Types of Violence:

• Pinching • Spitting • Biting • Pushing • Striking • Hair Pulling • Scratching  
• Threatening • Kicking • Sexual • Verbal • Other: \_\_\_\_\_

Location: \_\_\_\_\_

### 4. RESPONSE

Medical attention received? • Yes • No First aid obtained? • Yes • No  
WSIB forms completed? • Yes • No Police called? • Yes • No  
Reported to supervisor? • Yes • No

Action taken: \_\_\_\_\_

### 5. OTHER INFORMATION

Has the assailant been involved in any previous violent incidents with staff? • Yes • No • Don't know  
Are there any measures in place to prevent a similar incident? • Yes • No • Don't know

Please provide any other information you think is relevant: \_\_\_\_\_



Please return this completed form to:  
Rachel Gencey, Local President  
via board courier or by fax (905) 666-5293