SAMPLE VIOLENT INCIDENT REPORT FORM

Be sure to add, remove or change items on this sample assessment form to make it specific to the needs at your workplace.

Incident report form

1. General information

Date of incident:	Time: ◯ AM ◯ PM
Name:	Job title:
	Division/Branch:

Location of incident:

◯ Office ◯ Off-site ◯ Counter/reception area

◯ Telephone ◯ Other (Please specify)

Type of assault: ◯ Verbal ◯ Physical

2. Detailed description of incident

Describe incident (use additional paper, if required):

Name of supervisor notified:		
Was the Workplace Safety and Health Branch called?	◯ Yes	◯ No
Were the police called?	◯ Yes	◯ No
Was your Safety and Health Committee notified?	◯ Yes	◯ No
Were you advised to seek medical treatment?	◯ Yes	◯ No
Did you consult a doctor?	◯ Yes	◯ No
Was medical attention or first aid obtained?	◯ Yes	◯ No
Did an investigation occur?	◯ Yes	◯ No
Have WCB forms been completed?	◯ Yes	◯ No

3. Information about the assailant

◯ Client ◯ Employee ◯ Other (specify)

Name and address of suspect if known:

4. Immediate action taken by the employer

5. Direct and indirect causes (Attach any pictures, graphs, etc.)

6. Recommendations	**Completed on**