



AGGRESSIVE INCIDENT REPORTING FORM

SECTION ONE: EMPLOYEE INFORMATION	
Name:	Affiliation:
Employee ID:	<input type="checkbox"/> ETFO <input type="checkbox"/> Elementary Occasional
Position:	<input type="checkbox"/> OSSTF <input type="checkbox"/> Secondary Occasional
Work Location:	<input type="checkbox"/> CUPE <input type="checkbox"/> AESP
	<input type="checkbox"/> OPSEU <input type="checkbox"/> Principal/Vice Principal
	<input type="checkbox"/> Instructors
Supervisor's Name:	Date Reported to Supervisor:
SECTION TWO: DETAILS OF INCIDENT	
Date of Incident:	Time of Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Site of Incident:	
Location of Incident:	Nature of Incident: (check all that apply)
<input type="checkbox"/> Hallway <input type="checkbox"/> Gym <input type="checkbox"/> Stairs	Verbal/Non Verbal <input type="checkbox"/> Swearing <input type="checkbox"/> Shouting
<input type="checkbox"/> Classroom <input type="checkbox"/> Office <input type="checkbox"/> Washroom	Aggression <input type="checkbox"/> Repeated Non-Compliance <input type="checkbox"/> Threat
<input type="checkbox"/> Field Trip <input type="checkbox"/> Parking Lot <input type="checkbox"/> Yard	Physical Aggression <input type="checkbox"/> Bite <input type="checkbox"/> Punch
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Kick <input type="checkbox"/> Scratch
Aggressor:	<input type="checkbox"/> Grab <input type="checkbox"/> Slap
<input type="checkbox"/> Co-Worker <input type="checkbox"/> Student	<input type="checkbox"/> Intimidation <input type="checkbox"/> Spit
<input type="checkbox"/> Parent <input type="checkbox"/> Visitor	<input type="checkbox"/> Pinch <input type="checkbox"/> Threat
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Repeat incident involving same aggressor:	Weapon(s) Involved:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____
Injuries Sustained:	
Have the following forms been completed, if applicable?	
<input type="checkbox"/> A7100-1 Violent Incident Form	
<input type="checkbox"/> A1440-1 Physical Restraint Incident Report	
<input type="checkbox"/> A2320-1 Reporting of Workplace Injury/Illness	
Details of Incident (please include what lead up to the incident / do not include names):	



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SECTION THREE: COMPLETED BY SUPERVISOR WITH EMPLOYEE

Action Initiated: (check all that apply)	When or What
<input type="checkbox"/> Review IEP and/or Behaviour Management Plan, if applicable	
<input type="checkbox"/> Develop/Review/Revise Safety Plan	
<input type="checkbox"/> Safety Plan Shared with Staff	
<input type="checkbox"/> Modification to Work Environment	
<input type="checkbox"/> Community Agency Support Referral	
<input type="checkbox"/> Police Involvement	
<input type="checkbox"/> Staff Training/In-Service	
<input type="checkbox"/> Personal Protective Equipment	
<input type="checkbox"/> Risk Assessment (in consultation with the Superintendent of Education)	
<input type="checkbox"/> Other	

Has the aggressor been involved in any previous incidents: Yes No

SECTION FOUR: SIGNATURE & DISTRIBUTION

Please print name if someone other than the employee completed this form: _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Courier the completed form within three (3) working days of the incident to the Human Resource Services Department - Health & Safety at the Education Centre

Information collected on this form is collected under the authority of the Occupational Health and Safety Act and the Workplace Safety and Insurance Act in accordance with the Municipal Freedom of Information And Protection of Privacy Act. Information will be used for the purpose of staff and student safety. Questions regarding information collected on this form should be referred to Human Resource Services - Health and Safety at the Education Centre.