

Violent Incident Report

Occupational Health and Safety Division



Full Name: _____ Date: _____

Position/Job Title: _____ Time: _____

Location: _____

Type of incident (check all that apply):

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Aggressive behaviour | <input type="checkbox"/> Fighting | <input type="checkbox"/> Alcohol/drug use |
| <input type="checkbox"/> Threatening behaviour | <input type="checkbox"/> Theft | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Mentally disturbed behaviour | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> General disturbance | <input type="checkbox"/> Weapon use | <input type="checkbox"/> Other (specify) _____ |

Medical attention or first aid? Yes No Investigation conducted? Yes No
Reported to supervisor? Yes No Police called? Yes No

Names and phone numbers of persons involved, including witnesses

Description of incident

Violent Incident Report

Occupational Health and Safety Division



Assailant: Customer Employee Manager Delivery person

Other (specify) _____

Assailant name, if known: _____

Description of individual(s):

Male Female Age: _____ Height: _____ Weight: _____

Complexion: _____

Actions taken