SAMPLE VIOLENT INCIDENT REPORT FORM

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

Incident Report Form

1. GENERAL INFORMATION

Date of incident:	Time: ☐ a.m. ☐ p.m.
Name:	Job title:
	Division/Branch:

Location of incident:

☐ Office ☐ Offsite ☐ Counter/reception area
☐ Other (please specify) ☐ Telephone

Type of assault: ☐ Verbal ☐ Physical

2. DETAILED DESCRIPTION OF INCIDENT

Describe Incident: (use additional paper, if required)

Incident Report Form

Name of Supervisor notified:

Workplace Safety and Health Division called? ☐ Yes ☐ No

Police called? ☐ Yes ☐ No

Safety and Health Committee notified? ☐ Yes ☐ No

Were you advised to seek medical treatment? ☐ Yes ☐ No

Did you consult a doctor: ☐ Yes ☐ No

Medical attention, first-aid obtained? ☐ Yes ☐ No

Did an investigation occur? ☐ Yes ☐ No

WCB forms 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 & INDIRECT CAUSES (Attach any pictures, graphs etc.)

6. RECOMMENDATIONS	**COMPLETED ON**