EVERGREEN
Nursing · Rehab · Home Care

Workplace Violence Reporting Form

To be used in a case of violence of threat of violence against an Evergreen Nursing Services Employee

SECTION ONE: EMPLOYEE INFORMATION
Name (Printed):
Position:
Work Location:
Reported to:
Date Reported:
SECTION TWO: DETAILS OF INCIDENT
Date of Incident:
Time of Incident:
Site of Incident (e.g. facility, home etc.):
Location of Incident (e.g. office, kitchen, bedroom):
Alleged Aggressor (check any that apply): ☐Co-worker ☐Client ☐Client Family ☐Physician ☐Manager ☐Other (please specify) _____
Repeat Incident: ☐Yes ☐No
Weapons: ☐Yes ☐No Type: _____
Injuries Sustained:
Brief Description of Incident (optional): _____ _____ _____ _____
Category of Violence (check any that apply):

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☐ Exercise of physical force that causes physical injury to worker

☐ Attempt to exercise physical force that could cause physical injury to the worker.

☐ Statement or behaviour that is reasonable for the worker to interpret as a threat to use physical force that could cause physical injury to the worker.

Nature of Incident (check all that apply):

☐ Intimidation	☐Threat	☐ Punch
☐ Push/Pull	☐ Kick	☐ Scratch
☐ Hair Pull	☐ Slap	☐ Grab
☐ Bite	☐ Pinch	☐ Spit

Other (please specify): _____

Medical attention or time lost from work due to the incident: ☐ Yes ☐ No

SECTION THREE: STEPS TAKEN TO PREVENT A RECURRENCE (SUPERVISOR)

☐ Contact Client ☐ Reinstruct/train worker

☐ Contact Police ☐ Relocated worker

☐ Employee intervention/discipline

Other (please specify)_____

Notification(s) For Other Immediate Action (Supervisor) (check any that apply):

☐ Incident documented and reported ☐Medical attention required

Other (please specify): _____

SECTION FOUR: SIGNATURES AND DISTRIBUTION (SUPERVISOR)

Print name if completing form for employee:

Signature of Worker:	**Date:**
Signature of Supervisor:	**Date:**