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 ☐Patient ☐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): ☐ 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:**