

NSI VIOLENT INCIDENT REPORT FORM

Incident Report Form	
1. GENERAL INFORMATION	
Date of incident:	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>
Name:	Job title:
	Department:
Location of incident: <input type="checkbox"/> Office <input type="checkbox"/> Offsite <input type="checkbox"/> Counter / reception area <input type="checkbox"/> Telephone <input type="checkbox"/> Other (please specify) _____	
Type of assault:	<input type="checkbox"/> Verbal <input type="checkbox"/> 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 NoPolice called? Yes NoSafety Representative notified? Yes NoWere you advised to seek medical treatment? Yes NoDid you consult a doctor? Yes NoMedical attention, first-aid obtained? Yes NoDid an investigation occur? Yes NoWCB 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 AND INDIRECT CAUSES (attach any pictures, graphs etc.)**

6. RECOMMENDATIONS

COMPLETED ON:

RESPECTFUL WORKPLACE COMPLAINT FORM

Complainant's Name	
Department / Unit	
Phone numbers (work, cell, home)	
Who is the complaint filed against? (Name and position)	

In your own words, please indicate the details of your complaint. If you would like to provide a more detailed description, please attach to this form. The following is a description of the incident(s), which include dates, times, places, names of persons directly involved as well as the names of any witnesses.

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Please describe what actions, if any, that you have taken to try to resolve this problem.

What resolution are you seeking?

Complainant

Date

Please note:

1. **The filing of this complaint does not guarantee that an investigation will occur. The complaint will be reviewed and an assessment made by the employer as to whether an investigation is warranted and/or whether an informal resolution process should be pursued.**
2. **This document and any attachments that you provide in the course of filing a complaint will be held in confidence. The complaint form and its attachments may be disclosed to the respondent named in the complaint and to the investigator appointed to assist with the resolution of this complaint, as outlined in the policy procedures. Your signature confirms that you have been made aware and give permission for the above use of this information.**
3. **Filing this complaint in no way limits your ability to consider other options such as a complaint under the Human Rights Code.**

SUBMIT COMPLETED FORM TO THE CEO (OR BOARD CHAIR)

IN A CONFIDENTIAL ENVELOPE