**Form 1**

**INSTRUCTIONS**

Complete Form 1 prior to any other form.

Completed by Worker(s) involved.

Provide the completed report to your P/VP or Supervisor.

P/VP or Supervisor to follow investigation process.

If you have been injured, please see First Aid Attendant.

Incidents to be reported as soon as possible.

 **Worker’s Statement of Incident**

 **\*This form is N/A for worker to worker incidents**

|  |  |  |  |
| --- | --- | --- | --- |
| School Site: |       | Specific Location: |       |
| Date & Time of Incident: |       |  | Date & Time Worker Reported Incident: |       |  |
| Name of Worker Involved in Incident: |       | Work Phone Number: |       | Position: |       |
| Name of P/VP or Supervisor |       | Work Phone Number: |       |
| Name of Witnesses: | 1. |       | 2. |       | 3. |       |

In your best professional judgment, this incident involving violence can be best categorized as:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Verbal abuse | [ ]  | Verbal Threat | [ ]  | Written Threat | [ ]  | Threatening Gestures | [ ]  | Physical Assault |
| Weapon Involved: |  | If yes, specify: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Aggressor’s Name (if known):** |       | **[ ]**  | Parent | [ ]  | Other |
|  | [ ]  | Student | DOB: |       | Grade: |       |

|  |
| --- |
| Nature of Injury: (include body area/part affected: left, right, psychological etc.      |
| Did you seek First Aid?  |  |
| Did you see a physician? |  | **If yes, complete form 6A**  | If yes, when? Provide dates: |       |
| Were you absent from work? |  | **If yes, complete form 6A** | If yes, when? Provide dates: |       |

**Description of Violent Incident:** (Attach supporting documents as required. Inc. sequence of events, sketch, equipment, etc).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Next Steps/Action Taken:** | Completed Form 2 |  | No Further Action Required | **[ ]**  |

**P/VP or Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Copies to:** | **[ ]**  | Associate Superintendent (via e-mail) | **[ ]**  | P/VP or Supervisor (redacted version to be shared with JOHS Committee) |
|  | **[ ]**  | HR (cmerner@sd61.bc.ca) | **[ ]**  | District Behavioral Consultant (dmarchant@sd61.bc.ca) |
|  | **[ ]**  | Worker Redacted) |  |  |

**File this completed form, in a binder, in a secure location in the administrator’s office**