**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](mailto:cmerner@sd61.bc.ca)) |  | District Behavioral Consultant ([dmarchant@sd61.bc.ca](mailto:dmarchant@sd61.bc.ca)) |
|  |  | Worker Redacted) |  |  |

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