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| **Form 1** |  |

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|  **Worker’s Statement of Incident** **\*This form is N/A for worker to worker incidents**  | **INSTRUCTIONS** Complete Form 1 prior to any other form.Completed by Worker(s) involved ASAP.Provide the completed report to your P/VP or Supervisor.P/VP or Supervisor to follow investigation process, if required, see back page of form.If you have been injured, please see First Aid Attendant.Incidents to be reported as soon as possible. |
| School Site:       Date & Time of Incident:           AM     PM | Specific Location:      Date & Time Worker Reported Incident:            AM     PM  |
| Name of Worker Involved in Incident: Work Phone #            | Position       |
| Name of P/VP or Supervisor:       Work Phone #       |
| 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 [ ] Yes [ ] No If yes, specify:

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

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| Nature of Injury: (Include body area/part affected; left, right; psychological, etc.)     Did you seek First Aid? [ ]  Yes [ ]  No Did you see a physician? [ ]  Yes (If yes, complete Form 6A) [ ] No If yes, when?       (Dates)Were you absent from work? [ ] Yes (If yes, complete Form 6A) [ ] No If yes, when?  (Dates)  |

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

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| Completed Form 2 [ ]  Yes  | \*No Further Action Required [ ]   |

 **Next Steps/Action Taken:**

**\*If no further action, please provide rational:**

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

**Provide copies to:**  -Associate Superintendent (via email) -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**)

**Completion of Form 2 will depend on the following:**

* The worker’s perception of the incident, if they feel further action is needed to mitigate future incidents.
* If a new behaviour is displayed or a past behaviour has escalated to the point where revisions to previous corrective actions or Worker Safety Plan (Form 3) are needed to protect workers.
* Worker seeks medical aid or misses time from work due to the incident.