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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: | 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.