

Form 1

Worker's Statement of Incident



INSTRUCTIONS

- If a worker is injured as a result of a violent incident, get medical attention first
- Worker involved should complete as soon as possible.
- Documentation can also be made through the [Violent Incident Tracker](#) under the Violence Prevention Program button on the Staff Portal.
- Worker should provide the completed document to the Principal/Vice Principal, if done on paper
- If worker sustained an injury or has the potential to have lost wages associated with the event, worker will also need to complete a [Worker Report of Injury -Form 6A](#)

School/Location: _____

Specific Location of the Incident: _____

Date and Time of Incident: _____ a.m./ p.m.

Date and Time of Admin. Received Notification _____ a.m./ p.m.

In your best judgement, this incident involving violence would be categorized as (check all that apply):

Verbal Verbal Threats Threatening Gestures Physical Assault

Were Weapons Involved:

No: Yes: & Specify _____

Worker Involved

Full Name of Worker: _____

Position/Role for the District: _____

Supervisor at time of incident: _____

Witness(es)

Full Name of Witness(es)

(1) _____ (2) _____ (3) _____

Aggressor Involved

Parent: _____ Member of Public: _____

Student: _____ Other Non-worker: _____

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Did you seek First Aid: No: Yes:

Specify Date and Occupational First Aid Attendant's Name: _____

Nature of the Injury (include body area/part affected, left, right, psychological etc.)

Did you or will you be seeking attention by a medical provider? Please specify if yes

No: Yes:

Were you or will you be absent from work beyond the day of the incident? (If yes, please complete the

[Worker Report of Injury -Form 6A](#) No Yes:

Was the incident a result of a repeated incident with the same aggressor with the same behaviour? No:
Yes:

In the role that you were performing on the day of the incident, was this your regularly scheduled duties?

No: Yes:

Description of the Violent Incident: (include the sequence of events, equipment used, personnel providing support etc.)

What are the next steps/ action taken:

No Further Action Required:

Completion of Form 2:

Completed by: Worker	Send copies to: <ul style="list-style-type: none">• Deputy/Associate Superintendent• Principal/Vice Principal• Inclusive Learning VPP at InclusivelearningVPP@sd61.bc.ca
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Keep together in Binder 1 – Worker's Statement & Violence Risk Assessment/Incident Investigation by student's name or other, in a secure location in the P/VP/Manager's office.