Violence Prevention Incident Report

VPIR#	

Spell Check

Forward All Completed Reports Within 48 Hours to:					
For students: Classroom management issues (Level I) – Area Dean All other issues - Director of Student Success and Area Dean					
For staff: Occupational Health and Saf	ety Coordinator				
Date of Report (MMMM d, yyyy)	A. Genera Date of Incident	al Information (MMMM d, yyyy)	Time of Incident (hour:minute am/pm)		
B. Complainant Information					
Name: Contact Information:					
Position:			Department:		
C. Offender Information					
Name: Approximate Age: Description:	☐ Male	☐ Female			
Relationship between complainant a	_ <u></u>	_			
Co-worker Client S	Student	ember of Public	Other Specify		
Other details (e.g. use of drugs or alco	phol, possession o	f a weapon):			
Apparent Motive:					
D. Witness(es)					
1. Name: Contact Inf			n:		
2. Name:	Name:		Contact Information:		
E. Details of the Incident					
Type of incident (e.g. physical injury, verbal abuse, threatening behavior, verbal threat, written threat, damage to personal/other property). <u>Identify the specific actions</u> , behaviours and /or words spoken that precipitated the incident:					
Location of incident (attach sketch if possible):					
Outcome (e.g. police called, fatal injury, medical assistance, first aid, emotional shock or distress, legal action initiated):					
Other relevant information:					
Possible contributing factors					
Relevant events which preceded the incident:					
Suggested preventative/remedial action:					

Submit this report to your Supervisor (or designate)

F. Follow Up				
TO BE COMPLETED BY MANAGER/DEAN (OR DESIGNATE)				
Identify Incident Level of Risk (refer to Section 5.2 of OHS-007):				
☐ I – Alert ☐ II – Caution ☐ III – High Risk ☐ IV – Emergency				
Preventative/remedial action taken (e.g. workplace controls, environment, training, work practices, coaching or counseling):				
Was Complainant Referred to Support System? No Yes (describe) For Level II, III, IV Risks – Incident must be referred to SS/HR for the determination of appropriate actions/sanctions:				
Incident referred to: Student Success (student) Date				
☐ Human Resources (staff) Date Recommended disciplinary action/sanction:				
Complainant contacted to advise them of the status of the incident: No Yes Date:				
How contacted: ☐ Phone Call ☐ E-mail ☐ In-person				
REMINDER: WITHIN 48 HOURS, THE SUPERVISOR MUST CONTACT COMPLAINANT TO ADVISE THEM OF THE STATUS OF THE INCIDENT				
G. Supervisor's Signature				
Name (MMMM d,yyyy) Title				
Signature (not required if form submitted electronically)				

Forward All Completed Reports Within 48 Hours to:

Director of Student Success (for students)

Occupational Health and Safety Coordinator (for staff)

NOTE: Supervisor to retain a copy of the report if complainant follow-up has not been completed.

See <u>myLoyalist Portal under Policy & Procedure Manual - Health and Safety Policies</u> for the Violence Prevention Policy OHS-007.

CONFIDENTIAL WHEN COMPLETED

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