Violent Incident Report Form

Date of Incident:	Time:	Location of Incident:	
Name of Victim:		Job Title:	
Medical Attention Required? Yes ☐ NO ☐	WCB Form completed? YES ☐ NO ☐	Supervisor Notified? YES ☐ NO ☐	Police Called? YES ☐ NO ☐
Description of Incident:			
Was victim injured? Describe in 5-6 lines		Were weapons used? Yes ☐ No ☐ Describe:	
Witnesses (if any) & contact information 1. 2. 3.			
Description of the offender if not known or name and status with respect to worker if known . (client? co-worker?)			
Recommendations for prevention.			