



Diocese of Huron  
Workplace Harassment and Violence Prevention  
**Violent Incident Report Form**

<b>Worker Name:</b>	<b>Date:</b>	<b>Time:</b>
<b>Type of incident</b> Physical                      Verbal                      Other: _____		
<b>Description of Incident:</b> <i>(Including: location, date, person(s) involved, witnesses, what happened, where it occurred, what led to the concern, what if any action was taken, what impact the incident had on you. Please attach additional paper if necessary)</i>		
<b>Medical Attention required (please explain)</b>		
Police Called Details	Yes      No	WSIB reported issue Details                      Yes      No
Investigation conducted? Name of investigators involved:	Yes      No	Reported to Supervisor Name of Supervisor                      Yes      No



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<b>Assailant Information</b>	
<input type="checkbox"/> Employee	<input type="checkbox"/> Customer <input type="checkbox"/> Visitor
<input type="checkbox"/> Delivery Person	<input type="checkbox"/> Ex-Employee
<input type="checkbox"/> Other (please specify) _____	
<b>Gender</b> Male/Female	<b>Name</b> (if known):
<b>Vehicle description</b> (if any)	
<b>Other Information</b>	
Has the assailant been involved in any previous incidents with employees? If yes, provide details	
Did any working condition contribute to the incident?	
Names of witnesses:	
Please provide any other information you think is relevant	
Name of Investigator:	Signature of Investigator:
_____	_____
Date: _____	



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