



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

Worker Name:	Date:	Time:
Type of incident Physical Verbal Other: _____		
Description of Incident: <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>		
Medical Attention required (please explain)		
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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Assailant Information	
<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) _____	
Gender Male/Female	Name (if known):
Vehicle description (if any)	
Other Information	
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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