

# Violent Incident Report Form\*

Keep photocopies of this form available so that workers who have been victims of violence at work are able to complete this report as soon as possible.

Name:	Today's date:
Date and time of incident	Branch or location
Location <input type="radio"/> Parking lot <input type="radio"/> Counter area <input type="radio"/> Other (please specify)	
Type of assault: <input type="radio"/> Verbal <input type="radio"/> Pushed <input type="radio"/> Scratched <input type="radio"/> Struck <input type="radio"/> Threat <input type="radio"/> Other (please specify) <input type="radio"/> Bitten <input type="radio"/> Kicked	
Medical attention/first aid given? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Advised of right to consult doctor? <input type="radio"/> Yes <input type="radio"/> No
Investigation completed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Reported to supervisor? <input type="radio"/> Yes <input type="radio"/> No	If not, why not?
Police called <input type="radio"/> Yes <input type="radio"/> No If yes, File Number: _____	If not, why not?
Describe what happened, including factors leading up to the incident. Also describe any action that was taken afterwards. Attach another sheet if necessary.	

\* **Source:** WorkSafeBC Handbook for Employers – Working Alone/Late Night Retail/Prepayment of Fuel