

## APPENDIX C: SAMPLE WORKPLACE VIOLENCE INCIDENT AND INJURY/ILLNESS REPORT FORM

### PURPOSE OF THIS TOOL

The purpose of this tool is to provide a sample form to report incidents related to workplace violence.

### WHO USES THIS TOOL

- Workers impacted by a workplace violence incident (or those reporting workplace violence on behalf of an injured Worker)
- Worker's supervisor
- Employer or designate

### HOW TO USE THIS TOOL

After a workplace violence incident occurs, the following sections of the form are completed by each of the workplace parties:

- The worker impacted by the incident completes and signs Section A: Workplace Violence Incident Report and Section B: Workplace Violence Injury/Illness Report
- The impacted worker's supervisor completes and signs Section A: Workplace Violence Incident Report and Section B: Workplace Violence Injury/Illness Report
- The employer or designate completes and signs Section C: Workplace Violence Incident Notifications

Once all three sections are completed and signed, the report is filed in [insert department or person where workplace violence incident reports are filed, as per organizational policy].

**Note:** Where workplaces have one incident reporting format for all types of hazards, they should ensure that it includes space to capture workplace violence information (as listed below in the sample form – sections 4, 7, 8, and 12).



## WORKPLACE VIOLENCE INCIDENT AND INJURY/ILLNESS REPORT FORM

**Instructions:** Workers or those reporting workplace violence on behalf of an injured Worker must complete sections A and B of this form and submit it promptly to the Worker’s Supervisor. If additional assistance is required, complete the form with the Supervisor. The Supervisor is required to review and ensure completion and submission of the form to <Name of Responsible Person> as soon as possible as per organizational policy. For potential workplace violence hazards not resulting in a workplace violence near miss or an incident, please complete a **Workplace Violence Hazard Form**.

### PART A: WORKPLACE VIOLENCE INCIDENT REPORT

#### 1. Person Reporting

**Worker involved in Incident or Person Reporting Incident:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Department/Unit: \_\_\_\_\_ Job Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

#### 2. Type of Workplace Violence Incident. Check one

- Near Miss** (incident occurred but workplace violence did not reach the Worker – no injury/illness)
- Not Causing Harm** (incident occurred - workplace violence reached Worker - no apparent injury/illness)
- Causing Harm** (incident occurred - workplace violence reached Worker - causing injury/illness)

#### 3. Nature of Workplace Violence Incident. Check all that apply

- Threat to exercise physical force that could have caused physical injury
- Attempt to exercise physical force that could have caused physical injury
- Physical force that caused or could cause physical injury



**4. Source of Workplace Violence Incident. Check  all that apply**

- Care Recipient
- Visitor
- Employment Related (e.g., worker, supervisor, physician, contract worker, student etc.)
- Person known to a Worker (e.g., spouse, partner, or relative)
- Person unknown to Workers/Organization
- Uncertain

**5. Person's Identification. Check  one**

The Person is...

- Known to the organization (e.g., an employee)
- Unknown to the organization (e.g., a visitor)

**If *known*, complete the following:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ or Identifier: \_\_\_\_\_

How is the Person known to the organization?

Address of Person, if known:

**If *Unknown***, describe the Person. E.g., gender, height, weight, features, hair/eye colour, etc.



### 6. Location of Incident

Did the Incident occur on workplace premises?

- Yes
- No

**Describe the specific location, e.g., building, room, area in room, address if location outside workplace premises, public place:**

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### 7. Person's Observed Behaviours. Check all that apply

- Confused (disoriented – e.g., unaware of time, place, or person)
- Irritable (easily annoyed or angered; unable to tolerate the presence of others; unwilling to follow instructions)
- Boisterous (overtly loud or noisy – e.g., slamming doors, shouting, etc.)
- Verbal threats (raises voice in an intimidating or threatening way; shouts angrily, insulting others or swearing; makes aggressive sounds)
- Physical threats (raises arms / legs in an aggressive or agitated way; makes a fist; takes an aggressive stance; moves / lunges forcefully towards others)
- Attacking objects (throws objects; bangs or breaks windows; kicks objects; smashes furniture)
- Agitated / impulsive (unable to remain composed; quick to overreact to real and imagined disappointments; troubled, nervous, restless, or upset; spontaneous, hasty, or emotional)
- Paranoid / suspicious (unreasonably or obsessively anxious; overly suspicious or mistrustful – e.g., belief of being spied on or someone conspiring to hurt them)
- Substance intoxication / withdrawal (intoxicated or in withdrawal from alcohol or drugs)
- Socially inappropriate / disruptive behaviour (makes disruptive noises; screams; engages in self-abusive acts, sexual behaviour, or inappropriate behaviour – e.g., hoarding, smearing feces / food, etc.)
- Body language (torso shield – arms / objects acting as a barrier; puffed up chest – territorial dominance; deep breathing / panting; arm dominance – arms spread, behind head, on hips; eyes – pupil dilation / constriction, rapid blinking, gazing; lips – compression, sneering, blushing / blanching)

### 8. Frequency of Incident

- First time occurrence
- Repeat incident with same person (Option for repeat incidents: Implement workplace violence and Responsive Behaviour Journal Log System)



**9. Description of Incident. Worker or Designate to Complete**

Describe in detail what and how the incident happened. Include:

- Incident and the events leading up to the incident
- What you were doing
- The people involved including the aggressor(s) and their actions

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Use additional pages if required.

**10. What factors led to, or caused the incident and/or injury? How could it have been prevented, if possible?**

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**11. Name of Witnesses. List all and add contact information if known**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No. \_\_\_\_\_

**12. Immediate Action and Response Taken. Check  all that apply**

- Worker or other Person verbally called for help
- Worker or other Person phoned for help
- Alarm or Personal Safety Response System activated to summon immediate assistance
- Specify \_\_\_\_\_ (see code report)
- Supervisor / Manager Notified: Time \_\_\_\_\_
- Security Notified (if applicable): Time \_\_\_\_\_ Arrival time \_\_\_\_\_ ( See security report)
- Police Notified: Time \_\_\_\_\_ Arrival time \_\_\_\_\_ ( See police report)
- Emergency Services Notified: Time \_\_\_\_\_ Arrival time \_\_\_\_\_ ( Transport to local emergency)



- Violent Person located
- First Aid or Healthcare Aid provided – see injury report
- Other-Specify, e.g., lockdown

I declare that information reported is accurate to the best of my knowledge.

Signature of Person Reporting Workplace Violence: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: WORKPLACE VIOLENCE INJURY/ILLNESS REPORT**

**1. Personal Information. Worker or Designate to Complete**

**Information of Injured or Ill Worker**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Worker’s Address: \_\_\_\_\_

Worker’s Phone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Worker’s Birthday: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Employee S.I.N. Number: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Causal  Other - Specify \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time of Report: \_\_\_\_\_

Worker’s Department/Unit: \_\_\_\_\_ Manager/Supervisor Name: \_\_\_\_\_

**2. Type of Workplace Violence Injury/Illness Resulting from Incident. Check  all that apply.**

- Physical Injury (bodily harm)
- Psychological Injury/Illness (mental harm)
- No Apparent Injury
- Not known

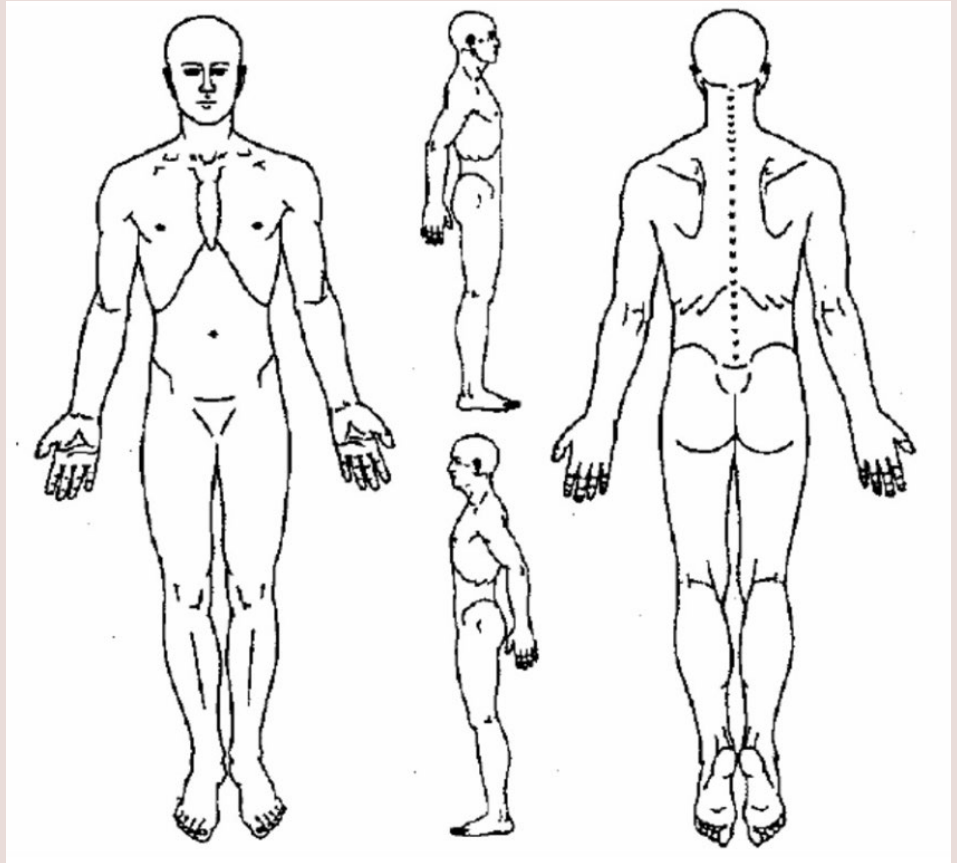


### 3. Injury Location, Nature, and Onset

Indicate body parts injured.  
Check  all that apply.

- Head
- Face
- Eye(s)
- Ear
- Neck
- Chest
- Abdomen
- Back
- Spine
- Shoulder Blade
- Shoulder
- Upper Arm
- Elbow
- Lower Arm
- Wrist
- Hand
- Thumb
- Finger(s)
- Pelvis
- Hip
- Upper Leg
- Knee
- Lower Leg
- Ankle
- Big Toe
- Toe(s)
- Foot
- Other

Place an 'X' on the parts of the body injured, pictured below.



Describe Symptoms:

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**4. Nature of the injury. Check  all that apply**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Bruising/Contusion | <input type="checkbox"/> Burn         | <input type="checkbox"/> Amputation                                 |
| <input type="checkbox"/> Cut/scrape         | <input type="checkbox"/> Crush injury | <input type="checkbox"/> Damage to bodily system -internal Injuries |
| <input type="checkbox"/> Laceration         | <input type="checkbox"/> Concussion   | <input type="checkbox"/> Occupational Illness                       |
| <input type="checkbox"/> Puncture           | <input type="checkbox"/> Head injury  | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> Sprain or strain   | <input type="checkbox"/> Fracture     |   |

**5. Onset of injury Check  one**

- When did the injury begin?
- Sudden - at the time of incident
- Gradual since the incident

**6. Critical or Fatal Injury**

Did the Worker sustain a Critical Injury?

- Yes
- No

Did the Worker sustain a Fatal Injury?

- Yes
- No

**Definitions**

Fatality Injured means injury causing death

Critically Injured means an injury of a serious nature that,

- a) Places life in jeopardy,
- b) Produces unconsciousness,
- c) Results in substantial loss of blood,
- d) Involves the fracture of a leg or arm but not a finger or toe,
- e) Involves the amputation of a leg, arm, hand, or foot but not a finger or toe,
- f) Consists of burns to a major portion of the body, or
- g) Causes the loss of sight in an eye

[\(Ontario Regulation 420/21\)](#)

**7. Aid Required and Lost Time. Check  all that apply**

- No First Aid
- First Aid
- Healthcare/Medical Aid
- Lost Time from work (beyond injury day) Dates: [Click or tap here to enter text.](#)





**8. Healthcare Treatment. Check  all that apply**

<input type="checkbox"/> Worker sought medical attention	Date: _____ Physician Name: _____ Phone: _____
<input type="checkbox"/> Worker visited a health service/clinic	Date: _____ Physician Name: _____ Phone: _____
<input type="checkbox"/> Worker visited an emergency department	Date: _____ Physician Name: _____ Phone: _____
<input type="checkbox"/> Worker visited a regulated healthcare provider, e.g., Physiotherapist, Chiropractor	Date: _____ Physician Name: _____ Phone: _____

**9. Return to Work (RTW). Check  one**

After the incident, what was the return to work (RTW) plan?

Regular Duties

Modified Duties - see the organization's RTW plans

Remain Off Work - see RTW plans

Signature of Injured/Ill Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Manager/Worker: \_\_\_\_\_ Date: \_\_\_\_\_



*Employer to complete this section only if it applies*

**PART C: WORKPLACE VIOLENCE INCIDENT NOTIFICATIONS**

**1. Notice of Critical and Fatal Injury. Check  all that apply**

*OHSA Section 51\**

**The following parties were notified of the Critical or Fatal Incident immediately:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD                Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Within 48 hours, a written report was provided to:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD                Time: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Notice of Violence causing Disabling Injury. Check  all that apply**

*e.g., Worker is unable to perform his or her usual work or required medical attention  
OHSA Section 52\**

**Within 4 days of the incident, the following parties were notified of the incident in writing:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD (*only if an inspector requires notification*) Time: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Notice of Occupational Illness or Claim for Occupational Illness filed with WSIB. Check  all that apply**

*e.g., psychological illness, post-traumatic stress disorder (PTSD)  
OHSA Section 52\**

**Within 4 days of being advised of an occupational illness or that a claim has been filed with WSIB for an occupational illness, the following parties have been notified in writing:**

- JHSC/HSR            Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Union                    Time: \_\_\_\_\_ Date: \_\_\_\_\_
- MLITSD                Time: \_\_\_\_\_ Date: \_\_\_\_\_



#### 4. Report to Police about Criminal Activity

Police notified of criminal activity that occurred during the workplace violence incident e.g., physical assault, verbal threats, shooting, etc.

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Person who made the Report: \_\_\_\_\_

Specify the criminal activity reported to Police: \_\_\_\_\_

*\*The notification particulars must be in accordance with the regulation that applies to the workplace.*

Signature Employer or Delegate: \_\_\_\_\_ Date: \_\_\_\_\_