Appendix 5

Harassment or Violent Incident Report Form

This form is to be completed by the Staff Member and reviewed by the Executive Director or will be completed by the Executive Director.

Names of individuals involved in the incident and their relationship to BIC Canada (staff member/ church member/ spouse/ volunteer/ visitor):

_____ _____
_____ _____
_____ _____
_____ _____

Description of Assailant (if applicable):

▫ Male ▫ Female

Name: _____

Age: _____ Weight: _____ Height: _____ Complexion: _____

Vehicle description: _____

Date of Incident:	Time of Incident: AM/PM
Location of Incident (Building/Area):	

Type of Incident:

▫ Minor Incident ▫ Major Incident ▫ Physical ▫ Verbal ▫ Other: _____

Medical Attention Required: ▫ Yes (On-site) ▫Yes (Off-site) ▫ No

Details: _____

Police Called?: ▫ Yes ▫ No Details:_____ _____	Reported to WSIB?: ▫ Yes ▫ No Details: _____ _____
Incident Reported to:	Time Incident Reported:

Names of Witness(es) and their relationship to BIC Canada:

_____ _____
_____ _____
_____ _____
_____ _____

Description of incident (include a sketch and/or photograph if applicable):

Has the assailant been involved in any previous incident with staff members? Did any working conditions contribute to the incident?

Sketch:

Signature of Staff Member Reporting the Incident or the Executive Director:

_____

Name and Title of Investigators: _____ _____	Signature of Investigators: _____ _____
Date of Investigation:	

Corrective Action to be Taken:

_____

_____

_____

_____

_____

_____

Additional Comments or explanations:

_____

_____

_____

_____

_____

_____

_____

Signature of Executive Director: _____