



VIOLENT INCIDENT REPORTING FORM

Note: Information provided on this form is private and confidential and will only be disclosed with authorized members of the Archdiocese of Toronto, law enforcement agency or agencies involved in the investigation.

| Complainant Information | | | |
|---|--|---------|-------------|
| Name: | Position: | | |
| Work location: | Date: | Time: | |
| Type of incident: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Other (please specify) _____ | | | |
| Description/cause of incident: | | | |
| Location of incident: | | | |
| Medical attention required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: | | | |
| Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: | WSIB report issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details: | | |
| Assailant Information | | | |
| <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Other (please specify) | | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Name (if known): | | |
| Age: | Height: | Weight: | Complexion: |
| Other distinguishing marks: | | | |
| Other Information | | | |
| Has the assailant been involved in any previous incidents with employees? If yes, provide details: | | | |
| Did any working conditions contribute to the incident? | | | |
| Name(s) of witnesses (if any): | | | |
| Please provide any other information you think is relevant: | | | |
| Name of investigator: _____ | | | |
| Signature of investigator: _____ Date: _____ | | | |