

### Administrative Procedures Memorandum A4071

FORM A4071-1a

### AGGRESSIVE INCIDENT REPORTING FORM

SECTION ONE: EMPLOYEE INFORMATION		
Name:	Affiliation:    ETFO   Elementary Occasional	
Employee ID:	OSSTF Secondary Occasional	
Position:	☐CUPE ☐AESP ☐Principal/Vice Principal	
Work Location:	☐ Instructors	
Supervisor's Name:	Date Reported to Supervisor:	
SECTION TWO: DETAILS OF INCIDENT		
Date of Incident:	Time of Incident:a.mp.m.	
Site of Incident:		
Location of Incident:  Hallway Gym Stairs  Classroom Office Washroom Field Trip Parking Lot Yard Other:  Aggressor: Co-Worker Student Parent Visitor Other:  Repeat incident involving same aggressor: Yes No  Injuries Sustained:	Nature of Incident: (check all that apply)  Verbal/Non Verbal Swearing Shouting Aggression Repeated Non-Compliance  Physical Aggression Bite Punch Scratch Slap Intimidation Spit Pinch Threat Other:  Weapon(s) Involved:  Yes No If yes, specify:	
Have the following forms been completed, if applicable?	☐A7100-1 Violent Incident Form ☐A1440-1 Physical Restraint Incident Report ☐A2320-1 Reporting of Workplace Injury/Illness	
Details of Incident (please include what lead up to the incid	ent / do not include names):	

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SECTION THREE: COMPLETED BY SUPERVISOR WITH EMPLOYEE		
Action Initiated: (check all that apply)	When or What	
Review IEP and/or Behaviour Management Plan, if applicable		
☐Develop/Review/Revise Safety Plan		
☐Safety Plan Shared with Staff		
☐Modification to Work Environment		
☐Community Agency Support Referral		
☐Police Involvement		
☐Staff Training/In-Service		
☐Personal Protective Equipment		
Risk Assessment (in consultation with the Superintendent of Education)		
□Other		
Has the aggressor been involved in any previous incidents:		

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SECTION FOUR: SIGNATURE & DISTRIBUTION		
Please print name if someone other than the employee completed this form:		
Signature:	Date:	
Supervisor Signature:	Date:	
Courier the completed form within three (3) working days of the incident to the Human Resource Services Department - Health & Safety at the Education Centre		
By accepting and submmiting this form I declare that all of the information provided on pages 1 and 2 is true.		
☐ I accept	☐ I don't accept	
Please print and provide a copy to your Supervisor.		