



AGGRESSIVE INCIDENT REPORTING FORM

<b>SECTION THREE: COMPLETED BY SUPERVISOR WITH EMPLOYEE</b>	
Action Initiated: (check all that apply)	When or What
<input type="checkbox"/> Review IEP and/or Behaviour Management Plan, if applicable	
<input type="checkbox"/> Develop/Review/Revise Safety Plan	
<input type="checkbox"/> Safety Plan Shared with Staff	
<input type="checkbox"/> Modification to Work Environment	
<input type="checkbox"/> Community Agency Support Referral	
<input type="checkbox"/> Police Involvement	
<input type="checkbox"/> Staff Training/In-Service	
<input type="checkbox"/> Personal Protective Equipment	
<input type="checkbox"/> Risk Assessment (in consultation with the Superintendent of Education)	
<input type="checkbox"/> Other	
Has the aggressor been involved in any previous incidents: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Information collected on this form is collected under the authority of the Occupational Health and Safety Act and the Workplace Safety and Insurance Act in accordance with the Municipal Freedom of Information And Protection of Privacy Act. Information will be used for the purpose of staff and student safety. Questions regarding information collected on this form should be referred to Human Resource Services - Health and Safety at the Education Centre.*



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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 submitting 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.**