**Workplace Violence Reporting Form**

**Submission Date: (yy/mm/dd):**

**CONFIDENTIAL**

This form assists the University in documenting complaints of violence reported by a worker. Submit the completed form to the Office of Human Resources – Health & Safety

**Send to** **umacdona@lakeheadu.ca**

**Refer to the Policy and Program on [Violence Prevention in the Workplace](https://www.lakeheadu.ca/faculty-and-staff/departments/services/hr/health-safety/tb/occupational-health/workplace-violence-prevention-program)**

**In an Emergency call extension 8911 or (807) 343-8911 or 911**

**Complainant:**

Full Name:

Initial:

**Status:**

Employee Student Visitor Volunteer Contractor

Other:

Department: Phone/Extension: (Work)

Building: (Cell)

**Incident**

Date and Time of Incident: Where Did the Incident Occur?

Thunder Bay Campus

Barrie Campus

Orillia Campus

Other:

Were the Security Services/Local Policing Authority notified at the time of the Incident?

Yes No

Have you notified your Supervisor?

Yes No

Name of Supervisor:

**Injuries (if applicable)**

Was an Injury Incurred?

Yes No

If **YES**, Describe the injury:

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**Treatment of Injury:**

First Aid

Did you see a Medical Professional?

Yes No

Emergency Room

Physician /Clinic

Student Health Services

No Treatment Required

If **YES**, Date of Visit: Name/Address/Phone Number of Medical Profession:

**Respondent(s):**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Initial** |
|  |  |  |
|  |  |  |
|  |  |  |

**Witness Information, if any:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Department** | **Phone number/Extension** |
|  |  |  |
|  |  |  |
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**Description of events**

Provide a thorough description of the events, including who, what, where and when. Note witness names and dates and times of incident(s). If necessary, you may use additional pages:

Do You Have Any Other Safety Concerns?

**Signatures**

Reported by: Date: (yy/mm/dd)

Signature:

Lakehead University takes every complaint of violence in the workplace very seriously. You can assist in the investigation of the incident(s) by providing as much information and as many details as possible. Information provided about a complaint or incident will not be disclosed except to the extent necessary to protect

workers, to investigate the complaint or incident, to take corrective action or as otherwise required by law. By signing this report, you certify that the information herein is factual and accurate to the best of your knowledge.

Report received by: Date received: (yy/mm/dd)