

SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD

FORM 1 - INJURY / ILLNESS / HARASSMENT / VIOLENT / AGGRESSIVE INCIDENT REPORTING FORM

To be completed by Employee within 2 school days of incident

Name: (Injured/Victim/Complainant)	Reporting Date:	Incident Date:	Time of Incident (approx):
School:			
Location: <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Gym <input type="checkbox"/> Office <input type="checkbox"/> _____ <input type="checkbox"/> Outside School Property <input type="checkbox"/> Field <input type="checkbox"/> Parking Lot	Signature:		

SECTION A: Assailant(s) Check applicable description(s)

<input type="checkbox"/> Student	<input type="checkbox"/> Co-worker
<input type="checkbox"/> Student's Parent/Guardian	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Visitor	

SECTION B: Details on the Incident

Nature of the Incident: (check all that apply)

VERBAL	EMOTIONAL	PHYSICAL			
<input type="checkbox"/> Abuse <input type="checkbox"/> Threat <input type="checkbox"/> Harassment	<input type="checkbox"/> Symptomatic Stress <input type="checkbox"/> Harassment	<input type="checkbox"/> Bite <input type="checkbox"/> Kick <input type="checkbox"/> Pushed <input type="checkbox"/> Lifting	<input type="checkbox"/> Punch <input type="checkbox"/> Spit <input type="checkbox"/> Ergonomics <input type="checkbox"/> Harassment	<input type="checkbox"/> Scratch <input type="checkbox"/> Slap <input type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Strain <input type="checkbox"/> Sport (gym) <input type="checkbox"/> Other: specify

Injuries Sustained: (check all that apply)

<input type="checkbox"/> Arm	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg	<input type="checkbox"/> Other: specify
<input type="checkbox"/> Hand	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	

Weapon Involved?	Police Notified?	Repeat Incident involving the same assailant(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, specify:

Witness(s):

Additional Information: (i.e. other individuals involved [names not required], location, mitigating factors, etc. – add page if necessary)

SECTION C:

Have the following forms been completed, if applicable?	<input type="checkbox"/> S17-004 Safe Schools Incident Report Form – Part 1
	<input type="checkbox"/> S18-001 Violent Incident Form
	<input type="checkbox"/> WSIB Functional Ability Form (FAF)
	<input type="checkbox"/> WSIB – if Doctor's Care and/or lost time – Employer completes Form 7, employee completes Form 6

Upon completion – submit to Administrator / Supervisor
(Supervisor will complete FORM 2 on back)