

**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

<b>Name:</b> (Injured/Victim/Complainant)	<b>Reporting Date:</b>	<b>Incident Date:</b>	<b>Time of Incident</b> (approx):
<b>School:</b>			
<b>Location:</b> <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"/> Formally Identified Student
<input type="checkbox"/> Student's Parent/Guardian	<input type="checkbox"/> Co-worker
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other (Specify):

**SECTION B: Details on the Incident**

**Nature of the Incident:** (check all that apply)

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

**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	

<b>Weapon Involved?</b>	<b>Police Notified?</b>	<b>Repeat Incident involving the same assailant(s)?</b>
<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)

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**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)***