

Workplace Violence Reporting Form

CONFIDENTIAL

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

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 trmoore@lakeheadu.ca

Refer to the Policy and Program on [Violence Prevention in the Workplace](#)

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

Complainant:

Full Name: _____ Initial: _____

Status:

Employee Student Visitor Volunteer Contractor

Other: _____

Department: _____ Building: _____

Phone/Extension: (Work) _____ (Cell) _____

Incident

Date and Time of Incident: _____

Where Did the Incident Occur?

Thunder Bay Campus

Orillia Campus

Barrie 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:

Treatment of Injury:

Did you see a Medical Professional?

Yes

No

First Aid

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

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: _____

Signature: _____

Date: (yy/mm/dd) _____

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) _____