Workplace Violence Reporting Form
CONFIDENTIAL

☐ A University Incident Report Form has been submitted to Occupational Health & Wellness

This form assists Campus Community Police in documenting complaints of violence reported by a worker. Submit the completed form to Campus Community Police to initiate an investigation.

Send or Fax to (519) 766-9970 / dlee@police.uoguelph.ca / info@police.uoguelph.ca

In an emergency call extension 2000 or (519) 840-5000 or 911

Name of Complainant: ________________________________________________________________

☐ Employee ☐ Student ☐ Visitor ☐ Volunteer ☐ Contractor

Department: ___________________________ Building: ___________________________

Phone/Ext: (w) ___________________________ (c) ___________________________

Date and Time of incident: _______________________________________________________

Name of Respondent(s): ___________________________________________________________

____________________________________________________________________________

Witness Information, if any:

Name: ___________________________ Dept: ___________________________ Phone/Ext: ___________

Name: ___________________________ Dept: ___________________________ Phone/Ext: ___________

Name: ___________________________ Dept: ___________________________ Phone/Ext: ___________
Provide a brief description of the event:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Do you have any other safety concerns:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Were the Campus Police notified at the time of the incident  Yes  No

Reported by: ___________________________  Signature: ___________________________

Date: (yy/mm/dd) ___________________________

Report received by: ________________________  Date received: ________________________