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 Occupational Health & Wellness (OHW).

Fax or Send to (519) 780-1796 / ohw@uoguelph.ca

This form will be forwarded to the Campus Safety Office to initiate an investigation. It will be communicated to Human Resources and the pertaining employee group.

Refer to the Policy and Program on Violence Prevention in the Workplace

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

Complainant:

Full Name: _____ Initial: _____

Status:

☐ Employee ☐ Student ☐ Visitor ☐ Volunteer ☐ Contractor

☐ Other: _____

Department: _____ Building: _____

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

Employee Group (if applicable):

☐ UGFA Unit 1 ☐ CUPE 3913 ☐ OSSTF/TARA ☐ PSA

☐ UGFA Unit 2 ☐ Exempt ☐ UNIFOR ☐ OPSEU

☐ CUPE 1334 ☐ ONA ☐ UGFSEA ☐ USW

☐ Other (specify): _____

Incident

Date and Time of Incident: _____

Where Did the Incident Occur?

☐ Guelph Campus ☐ Research Station: _____

☐ Ridgetown Campus ☐ Other: _____

Were the Campus Police/Local Policing Authority notified at the time of the Incident?

☐ Yes ☐ No

Name of Supervisor: _____

Have you notified your Supervisor?

☐ Yes ☐ No

Injuries (if applicable)

Was an Injury Incurred?

☐ Yes ☐ No

If **YES**, What Was the Injury? _____

Select part of body and indicate Right (R) Left (L), both (B) or Quantity Injured in the box:

☐ Abdomen	☐ Fingers	☐ Lower Back	☐ Upper Arm
☐ Ankle	☐ Foot	☐ Lower Leg	☐ Upper Back
☐ Chest	☐ Hand	☐ Neck	☐ Upper Leg
☐ Ear	☐ Head	☐ Pelvis	☐ Wrist
☐ Elbow	☐ Hip	☐ Shoulder	☐ Other: _____
☐ Eye	☐ Knee	☐ Teeth	
☐ Face	☐ Lower Arm	☐ Toes	

Treatment of Injury:

☐ First Aid (OHW or Department)	☐ Emergency Room	☐ Student Health Services
	☐ Physician /Clinic	☐ No Treatment Required

Did you see a Medical Professional?

☐ Yes ☐ No

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) _____

The University of Guelph 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) _____