



# PETL/PEOT Workplace Violence Report



This form is for reporting violence **toward a teacher**. ETFO members who have experienced workplace violence (see definition below) should report the incident to their supervisor (e.g., Principal) and complete this report as soon as possible.

**PLEASE NOTE: All ETFO members must also complete any incident reports required by Ministry regulation or Board policies and procedures (e.g., Safe Schools Incident Reporting Form, Accident Investigation Report, etc.).**

The purpose of this PETL/PEOT Workplace Violence Report, which will be kept confidential within PETL/PEOT, is to gather information about the extent and nature of such incidents, in order to support our members who are experiencing workplace violence. The aggregate data collected from these reports will be used to help develop strategies to improve the safety and health of our members.

### Definition of Workplace Violence:

- a) The exercise of physical force by a person against a worker that causes or could cause physical injury to the worker;
- b) An attempt to exercise physical force against a worker that could cause physical injury to the worker;
- c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker that could cause physical injury to the worker.

It does not matter that an aggressor may be incapable of making reasonable judgement prior to acting. All applicable reports must be completed regardless. An aggressor's lack of intent does not reduce the risk to the worker.

### 1. ETFO MEMBER'S INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_

Teaching Assignment: \_\_\_\_\_  Permanent or Probationary Teacher  LTO/OT

<input type="checkbox"/> I would like PETL/PEOT to contact me to discuss this incident	Phone: _____ Email: _____
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### 2. INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location: \_\_\_\_\_

<input type="checkbox"/> Student <input type="checkbox"/> Identified Special Education Student Initials of Student _____ Age _____ Grade _____	<input type="checkbox"/> Visitor/Member of the Public <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): _____ Name (if known): _____
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### 3. TYPE(S) OF VIOLENCE DIRECTED AT TEACHER

a) <input type="checkbox"/> Exercise of physical force    b) <input type="checkbox"/> Attempt to exercise physical force    c) <input type="checkbox"/> Threat to exercise physical force
<input type="checkbox"/> Strike/Hit <input type="checkbox"/> Scratch <input type="checkbox"/> Pinch <input type="checkbox"/> Push <input type="checkbox"/> Grab/Pull <input type="checkbox"/> Hair Pull <input type="checkbox"/> Throw objects at teacher <input type="checkbox"/> Spit <input type="checkbox"/> Bite <input type="checkbox"/> Kick <input type="checkbox"/> Threat <input type="checkbox"/> Verbal/Swear at Teacher <input type="checkbox"/> Intimidation <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weapon (Please explain how the weapon was used.) _____

### 4. RESPONSE

Reported to Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Investigation Report completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you fill out a Safe Schools Incident Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	First aid obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service from Medical Practitioner required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Action(s) taken: \_\_\_\_\_

### 5. OTHER INFORMATION

Has the aggressor been involved in any previous violent incidents with staff?  Yes  No  Unsure  
 Are there any measures in place to prevent similar incidents?  Yes  No  Unsure

Please provide any other information you think is relevant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_