

EMPLOYEE ACCIDENT / INCIDENT REPORT FORM



Form to be completed by worker **immediately** following the accident or incident (if possible)

Please **email** this report to MacKenzie Kelly at mkelly@wqsb.qc.ca

❖ **Accident** [An unexpected and sudden event, attributable to any cause, arising out of or in the course of a person's work, resulting in injury, illness or death]

Ex: A ceiling tile fell and hit me in the shoulder! Or I slipped and fell in the parking lot, hurting my lower back!

❖ **Incident** [An unexpected event that does not necessarily cause injury, resulting in damage, or potential damage, to property and/or the environment such as a fire, spill, breakage, etc. We understand that certain incidents may happen in the course of your work]

Ex: A ceiling tile fell and almost hit me! I was verbally threatened by a student.

***If this is an event of Violence, please in addition, also complete Section D of this form.**

***If this is an event of Harassment, please see Policy F-18 and Complete the Harassment Report Form**

SECTION A: EMPLOYEE IDENTIFICATION

Name: _____ Telephone: _____

School: _____ Category: Teacher Professional

Email: _____ Support Staff Management

SECTION B: DESCRIPTION OF ACCIDENT/INCIDENT

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location of Accident/Incident : _____

Describe the Accident/Incident:

Describe the Injury/ Impact (If applicable):

Absence (s) from Work: NO YES Please specify the date(s): _____

***For any absences or treatments that result from your accident/incident, a medical certificate from your physician must be provided to**

Human Resources

Immediate Measures:

First Aid: _____

Method of Transportation to Health Services/Hospital/Home

Witness(es) 1: Name: _____ Tel.: _____

2: Name: _____ Tel.: _____

SECTION D: REPORTING OF VIOLENCE

Is this a first accident/incident? Yes No Has it been reported before? Yes No

Source of Violence:

Name(s):

<input type="checkbox"/> Student(s)	1. _____
<input type="checkbox"/> Parent(s)	2. _____
<input type="checkbox"/> School Personnel	3. _____
<input type="checkbox"/> Administration*	4. _____

If the source of the violence is Administration, **do not have it signed by your supervisor and send this form Directly to Terry Kharyati, Director of Human Resources at tkharyati@wqsb.qc.ca*

Description of the incident (please select all that apply)

Physical violence

<input type="checkbox"/> Pushing	<input type="checkbox"/> Attack with a weapon
<input type="checkbox"/> Shoving	<input type="checkbox"/> Biting
<input type="checkbox"/> Spitting	<input type="checkbox"/> Other: Please Specify: _____
<input type="checkbox"/> Throwing an object	_____

Psychological violence

<input type="checkbox"/> Written (using social media or not)	<input type="checkbox"/> Stalking
<input type="checkbox"/> Verbal	<input type="checkbox"/> Blackmail
<input type="checkbox"/> Threats and intimidation	<input type="checkbox"/> Repetitive attacks on professional competence
<input type="checkbox"/> Inappropriate comments	<input type="checkbox"/> Destruction of personal property
<input type="checkbox"/> Personal insults	<input type="checkbox"/> Other: Please Specify: _____

I have received and read this report:

Signature: _____

Date: _____

(Immediate Supervisor)

I declare that the information given in this report is true and consistent with what actually happened.

I understand it is my right to discuss this with my union or association representative

Signature: _____

Date: _____

(Employee)