

EMPLOYEE INCIDENT* REPORT FORM



Form to be completed by worker **immediately** following incident, when possible

*An incident can lead to a work accident.

Please email this report to:

MacKenzie Kelly (HR-Health and Safety) at mkelly@wqsb.qc.ca

Corinna Abraham (Occupational Health and Safety Representative) at cabraham@wqsb.qc.ca

If this is an incident of aggression or violence, please also complete Section C of this form.

If this is an incident of harassment, please see [Policy F-18](#) and complete the *Harassment Report Form* found within the policy.

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 C: REPORTING OF AGGRESSION OR VIOLENCE

Is this a first accident/incident? Yes No

Has it been reported before? Yes No

Were CPI/BMS strategies used? Yes* No → *Were containment holds used? Yes** No
** If yes, please remember to complete a BMS Containment Report.

Source:

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 is Administration, **do not** have it signed by your supervisor and send this form Directly to Phil Bazinet,
Director of Human Resources at pbazinet@wqsb.qc.ca

Description of the incident (please select all that apply)

Physical

<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

<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)