



## APPENDIX B

### Supervisor's Workplace Violence and Harassment Investigation Report

This form **MUST** be completed by the Principal/Supervisor when an incident occurs or a Concern Report Form is submitted.

<b>Employee Information</b>				
Name:		Position:		
Work Site:				
Date and time of incident:		Date and time incident reported:		
Were emergency response measures initiated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Classification of the incident:				
Student on Staff <input type="checkbox"/>				
Staff on Staff <input type="checkbox"/>				
General Public on Staff <input type="checkbox"/>				
<b>Describe the event including persons involved:</b>				
Incident type				
<input type="checkbox"/> Threat	<input type="checkbox"/> Assault	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual Harassment
<b>Describe Injury (if any)      Note: Please complete the accident/injury report (if applicable).</b>				
Was medical attention or first aid required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, provide details:				
e.g. Actions taken: Initiated emergency response plan, contacted Superintendent of Human Resources or designate, etc.				

<b>Witnesses</b>	
Name:	Contact Information:
1.	
2.	
3.	
4	
Other Information Obtained Through Witnesses (may attach additional pages as required)	
Are you aware of any similar incidents in the past?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details:	
Please provide any other information you think may be relevant:	
<b>Suggested Preventative or Remedial Actions:</b>	
<b>Reporting</b>	
Report to Police?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, report # _____
Reported to Superintendent of HR?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Date and time of report: _____
Reported to WSIB Specialist?            Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, by whom? _____
Signature of Supervisor:	Date:

**Confidentiality**

All complaints and reports of violence and harassment will be treated seriously, will be investigated thoroughly and fairly, and will be dealt with accordingly. Every attempt will be made to maintain confidentiality, and all investigations will be conducted adhering to any applicable provisions of the *Municipal Freedom of Information and Protection of Privacy Act*.