



## Employee Violence in the workplace Report

### General information

Your name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Workplace branch or location: \_\_\_\_\_

Witness information:

Names	Contact numbers

### The incident

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Where did the incident happen (for example, the sales counter, stockroom, or hallway)?

\_\_\_\_\_  
\_\_\_\_\_

What type of incident was it (for example, verbal abuse, physical threat, pushing, slapping or robbery)?

\_\_\_\_\_  
\_\_\_\_\_

Describe what happened. Include factors that led up to the accident.

\_\_\_\_\_

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Did you receive first aid or other medical attention?  Yes  No

Has this incident been reported to the police or security?  Yes  No  Don't know

If available: Police file # \_\_\_\_\_

How has this incident affected you (for example, missed work, emotional trauma, or physical injury)?

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**The offender**

Offender's name (if known):

Offender's relationship to you (for example, a customer, co-worker, spouse, ex-girlfriend, or ex-boyfriend):

Describe the offender:

Male  Female Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_

Any other information (for example, accent, hair colour, skin colour, tattoos, clothing, or footwear):

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Has the offender been involved in any previous violent incidents that you know of?  Yes  No

Describe any other relevant information, including suggestions for preventing a similar incident:

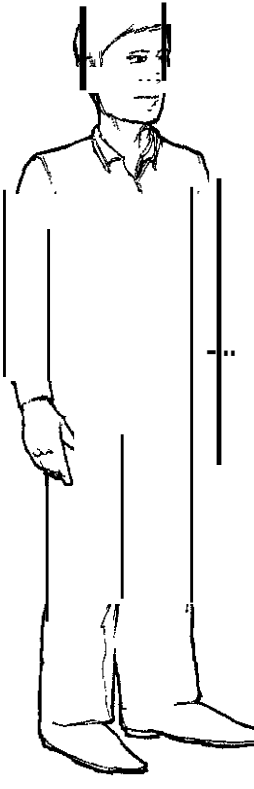
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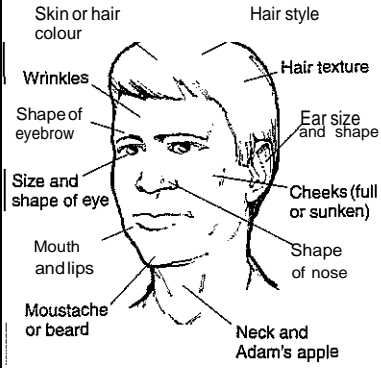
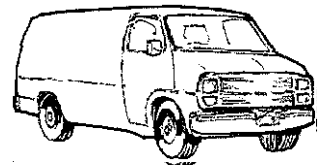
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**Please present this completed report to your employer or supervisor**

For confidential, free help in dealing with the after effects of this incident, we encourage you to use the Critical Incident Response program. WorkSafeBC coordinates this program for work-related traumatic events.

You can call a Critical Response Liaison at 604 233 4052 in the Lower Mainland or 1 888 621 7233, local 4052, toll-free in B.C. or call the after-hours line, seven days a week, at 1 888 922 3700.

SEX D Male D Female	AGE	HEIGHT	WEIGHT	RACE
HAIR (colour and style)	<p style="text-align: center;"><b>General appearance</b></p> 			HAT (colour and type)
EYES (glasses)				COAT
COMPLEXION				SHIRT/BLOUSE
JEWELLERY				PANTS/SKIRT
SCARS/MARKS				SHOES
TATTOOS				TIE

<b>Facial appearance</b>		Write below specific facial details that you definitely remember.
		What did the suspect say?
		Describe any tool or weapon seen.
<b>Vehicle</b>		
		
Colour	Make	Model      Licence number
Body style		Damage or rust
Antenna	Bumper sticker	Wheel covers
Direction of travel		

VI  
 C  
 VI  
 "C  
 tD  
 Q1  
 S  
 Q..  
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