Workplace Violence Report Form

Name of employee filing the Workplace Violence Report:

Contact information of employee



This form is used to inform the Ontario Tech University that an employee believes workplace violence or reprisal for reporting such has occurred. If you perceive the reported incident to represent an ongoing threat to any member of the university, stop this action and call the Office of Campus Safety (905.721.3211).

The information provided in this report is confidential and used only for determining whether further administrative processes (e.g., investigation, interim measures, decision or sanctions) will be initiated.

filing the Report:	
Are you aware of the help resources available to employees? Yes No	
If known, name of alleged target of	
the violent act(s) and contact	
information, if available	
If known, name of alleged perpetrator	
of the violent act(s) and contact	
information, if available	
Details of the workplace violence incide	ent(s):
	cribing the incident(s) including: (a) names
of those involved; (b) any witnesses; (c) th	e location, date and time; (d) a description
of the incident (e.g., behaviour and/or word	ds used); (e) any additional details. (Attach
additional pages, if required.)	

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Relevant documents/evidence	
Attach any supporting documents, such as emails, handwritten notes, photographs or	
video. Physical evidence, such as vandalized personal belongings, can also be	
submitted. If you are not able to attach documents and they are relevant to your complaint, please list the documents below. If someone else has relevant documents,	
please note that below.	
Signature:	
Date:	
Date.	

<u>Instructions</u>: This is Report is to be submitted to Human Resources. A list of HR contacts can be found on the <u>HR website</u>.