

Workplace Violence Report Form



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.

Name of employee filing the Workplace Violence Report:	
Contact information of employee 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 incident(s):

Use as much detail as possible when describing the incident(s) including: (a) names of those involved; (b) any witnesses; (c) the location, date and time; (d) a description of the incident (e.g., behaviour and/or words 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:

Instructions: Please submit this Report to the [Director of Human Resources](#)