

APPENDIX B - Policy PER-13 and PER-14
Gravenhurst Public Library
 Workplace Harassment and Discrimination and/or
 Violence Incident Report Form



As soon as is reasonably possible, victims and/or witnesses of workplace harassment or discrimination should document incidents by completing and filing this report form.

NOTE: Not all questions may be applicable to each circumstance reported.

SECTION I

Date of Incident	Day of Week	Date of Report
Occurrence Number _____	Time: AM PM	
Location of Incident (map or sketch on reverse side)	Was there Property Damage? <input type="checkbox"/> Yes (briefly list) <input type="checkbox"/> No	Witness/ Witness Report <input type="checkbox"/> Yes <input type="checkbox"/> No (see attached) Injury Report <input type="checkbox"/> Yes <input type="checkbox"/> No (see attached) Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No (see attached)

SECTION II

Name of Employee/Volunteer	Home Address	Contact Information
		Home Phone
		Work Phone
		Cellular Phone
		Email Address

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SECTION III

Name of Alleged Perpetrator	Home Address	Contact Information Home Phone Work Phone Cellular Phone Email Address
<input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Stranger <input type="checkbox"/> Library Patron <input type="checkbox"/> Other (Describe)	Did the Incident involve a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	If a weapon was involved, describe the weapon How was it used?

SECTION IV

Describe incident (CHECK ALL that apply and use the Workplace Violence Incident Report Victim/Witness Account Form to describe the incident in detail)					
<input type="checkbox"/> Scratched	<input type="checkbox"/> Slapped	<input type="checkbox"/> Pushed			
<input type="checkbox"/> Assaulted with weapon	<input type="checkbox"/> Bitten	<input type="checkbox"/> Stalked			
<input type="checkbox"/> Assaulted Sexually	<input type="checkbox"/> Grabbed	<input type="checkbox"/> Kicked			
<input type="checkbox"/> Animal Attack	<input type="checkbox"/> Robbery	<input type="checkbox"/> Hit with object			
<input type="checkbox"/> Harassed Verbally	<input type="checkbox"/> Arson	<input type="checkbox"/> Bomb Threat			
<input type="checkbox"/> Threatened Verbally	<input type="checkbox"/> Shot (or attempted)	<input type="checkbox"/> Stabbed (or attempted)			

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<input type="checkbox"/> Threatened with a weapon	<input type="checkbox"/> Vandalism (Other's Property)	<input type="checkbox"/> Vandalism (Employer's Property)
<input type="checkbox"/> Vandalism (Own Property)	<input type="checkbox"/> Hit with hand/fist/other body part	<input type="checkbox"/> Harassed by email or other written communication
<input type="checkbox"/> Other (please describe below)		

Describe Incident

SECTION V: INJURY REPORT

<p>Was Employee/Volunteer injured?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, describe</p>	<p>Was medical treatment provided for the Employee/Volunteer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, describe</p> <p>Was the Employee/Volunteer referred to counseling?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Was an injury report filed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date of Report:</p>
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<p>Was Alleged perpetrator injured?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, describe</p>	<p>Was medical treatment provided for the alleged perpetrator?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, describe</p>	<p>Was an injury report filed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date of Report:</p>
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SECTION VI: POLICE REPORT

<p>Were Police notified?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date and Time:</p>	<p>Responding Police Officer</p> <p>Name:</p> <p>Badge #:</p> <p>Municipality/Agency</p>	<p>Restraining order issued?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date and Time:</p>
<p>Was alleged perpetrator arrested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date and Time:</p>	<p>If the alleged perpetrator was arrested, what were the charges</p>	

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SECTION VII: WITNESS(ES) REPORT(S)

List of witnesses (attach witness reports)	Witness Account Forms Received and attached
1.	<input type="checkbox"/> Yes
2.	<input type="checkbox"/> Yes
3	<input type="checkbox"/> Yes
4	<input type="checkbox"/> Yes

Witness Account Form		
<i>Note: Complete this form if you are a witness to the alleged workplace Harassment, discrimination and /or Violence Incident.</i>		
Date of Incident:	Name of Victim/Witness	Address of Victim/Witness
Date of Report:	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	Home Phone Work Phone Cellular Phone Email address
Describe the Incident in detail. Include what happened, where, who was involved, other witnesses, what you heard, saw, etc.		
Signature of Victim/Witness		Date:
Signature of Person receiving the Victim/Witness Statement		Date:

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SECTION VIII: MEASURES TAKEN

Measures taken to prevent recurrence:

SECTION IX: REMEDIES

What remedy, if any, does the Employee/Volunteer request?

SECTION X: FINAL DISPOSITION OF INCIDENT

What happened to alleged perpetrator? (Final disposition of incident) Describe specifically (Arrested, Discipline, Transferred, etc.)

SECTION XI

Name of person completing this form	
Date:	
Work Phone Number:	
Address or work location:	
Relationship to Employee/Volunteer or alleged Perpetrator	