Portage la Prairie School Division "Dedicated to the Pursuit of Excellence"

AP301 - Freedom from Violence Report Form

Section 3: Safe and Respectful School

Administrative Procedure 301

Portage la Prairie School Division recognizes that employees have a right to a safe working environment. To maintain this environment, it is important to report incidents of violence so that steps can be taken to increase safety.

"Violence is the attempted or actual exercise of physical force against a person and any threatening statement or behaviour that gives someone reason to believe that physical force will be used against them."

them."					
IDENTIFYING INFOR	MATION				
Name of Employee	:		Occupation:		
School/Site:		_	Location of Incident:		
Date of Incident:			Time of Incident:		
Person Reporting:			Time of Report:		
TYPE OF INCIDENT					
<u>Verbal/Written</u>					
☐ Verbal Abuse ☐ Written A		n Abuse	☐ Threat in Person		
☐ Threat by Teleph	one 🗆 Writte	n Threat (paper, ema	ail, social media)		
<u>Physical</u>					
☐ Struck	☐ Kicked	☐ Bitten	☐ Spit		
☐ Scratched	☐ Pushed	☐ Sexual	□ Other		
INFORMATION ON (OTHER PERSON INV	OLVED:			
☐ Adult	\square Employee	\square Non-Employ	ree 🗆 Student		
Name (if known):					

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EMPLOYEE TO COMPLETE IF	THERE WAS AN INJURY					
• Describe Injury:						
Did the injury require	medical treatment at a hospita	al? 🗌 Yes 🗆 No				
Did the injury require	First Aid?	☐ Yes ☐ No				
Did the injury require	police contact?	☐ Yes ☐ No				
EMPLOYEE DETAILS OF THE II	NCIDENT:					
Who was involved in t	he incident?					
Who witnessed the in	Who witnessed the incident?					
BEFORE INCIDENT: What was	going on at the time? (what, v	vhere, when, etc.)				
DURING THE INCIDENT: Wha	t happened? Who did what?					
AFTER THE INCIDENT: How di	id it end? What follow-up are y	ou aware of? Did anyone ge	t hurt?			
What other information woul	ld you like to share?					
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	REFLECTING AND THINKING AHEAD: What do you think needs to happen to help you feel safer at work? How can the school/division support you?					
EMPLO	OYEE SIGNATURE(S)					
•	The employee shall su	ıbmit this report to the princi	pal/supervisor.			
A)	Employee completed	this report.				
	Signature:					
В)	B) This report was completed on behalf of the employee by:					
	Signature:					
<u>lmme</u>	diate Actions Taken (by	whom, when, etc.):				
Long-1	Term Actions to be Take	en (by whom, when, etc.)				
How w	vill immediate and long	g-term actions be communic	ated to employees and staff?			
Signat	ure of Principal/Superv	isor:	Date:			
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