|  |  |
| --- | --- |
|  | **VIOLENCE/THREAT/INTIMIDATION/HARASSMENT (VTIH) FORM****PART 1** |

Use a separate form for each employee. If necessary, please provide additional information on a separate piece of paper. *\*Employee to complete Part 1.*

|  |  |  |  |
| --- | --- | --- | --- |
| **School/District Facility:** |  | **Name of Employee:** |  |
| **Incident Date:** |  | **Incident Time:** |  |
| **Exact Location of Incident:** |  | **Occupation:** |  |

|  |
| --- |
| **TYPE OF INCIDENT**  |
| *Definition of Terms and Disclosure* |
| Violence | *An attempt or actual exercise by a person of any physical force so as to cause injury to another person or persons.* |
| Threat | *An expression of intent to do harm or act out violently against someone or something. Threats may be verbal, written, drawn, posted on the Internet, or made by gesture.* |
| Intimidation | *The act of instilling fear in someone as a means of controlling that person.* |
| Harassment | *Any unwelcome or unwanted act or comment that is hurtful, degrading, humiliating, or offensive to another person. Of particular concern is such behaviour that persists after the aggressor has been asked to stop.* |
| This is a report of: | [ ]  Violence | [ ]  Threat | [ ]  Intimidation | [ ]  Harassment |
| **\*If injured at work you may also need to fill out Form 6A *“Worker’s Report of Injury or Occupational Disease to Employer”*** |

|  |
| --- |
| **PERSON COMMITTING ACT - Complete Either A or B (based on whether or not you know the identity of the person)** |
| 1. **Person Committing Act (if known)**
 |
| [ ]  Student | Student Name: |  | Category: |  |
| [ ]  Parent | [ ]  Staff | Full Name: |  |
| ***\*Complete the Risk Assessment Form when person committing act is a student.*** |
| 1. **Description of Person Committing Assault/Threat IF UNKNOWN**
 |
|  *Complete section below if intruder is not known and court action a possibility.* |
| [ ]  Male | [ ]  Female | Weight |  | kg/lbs | Height |  | cm/ins | Hair colour/style |  |
| Other identifying features (scars, birthmarks, etc.) |  |
| Witnesses (if any): |  |
| Name of Investigating Police Officer |  | Criminal charges pending | [ ]  Yes | [ ]  No |

|  |
| --- |
| **DETAILS ON THE INCIDENT** |
|  |
| Description of injury (if any): |
|  |
| Was medical attention required? | [ ]  No  | [ ]  Yes | Attending Physician: |  |
| **\*If employee was seen by a doctor Form 7 *“Employer’s Report of Injury or Occupational Disease”* must be completed by the supervisor/administration.** |

|  |
| --- |
| **COMPLETE WITH YOUR SUPERVISOR (attach additional pages if necessary)** |
| Were you able to work out a solution to this concern? | [ ]  Yes | [ ]  No (if no, must complete Part 2) |
| Provide a summary of the solution: |
|  |
| *By signing below I acknowledge that after review I, named employee, have determined the above incident does not constitute a threat or risk towards me and that I can and will resolve the above issue by incorporating the above described solution. \*Do NOT sign here if “NO” is checked above\** |
| Employee’s Signature:  |  | Date Signed: |  |
| *By signing below I acknowledge that I represent the employer and that I have reviewed the incident and agree with the disclosure as presented. \*Do NOT sign here if “NO” is checked above\* Supervisor keeps a form at the worksite; submit to* *safety@sd22.bc.ca* *if Part 2 is completed.* |
| Administrator’s Signature: |  | Date Signed: |  |

**VTIH Form Part 2**

**

\*When required, this part to be completed by School Administration and reviewed with impacted staff member.

|  |
| --- |
| **IMMEDIATE ACTION TAKEN** |
| [ ]  Site Staff Notified | [ ]  Student Support Services Notified (District VP/Director) |
| [ ]  Site Safety Officer Notified at Operations | [ ]  Worksafe Form 6A (if employee injured at work) |
| [ ]  Risk Assessment form completed | [ ]  Worksafe Form 7 (if employee sought medical attention or time lost) |
| [ ]  RCMP Notified | Other: |  |

|  |
| --- |
| **RECOMMENDATIONS**  |
| *Examples: Develop/revise student safety & behaviour plan, staff training/ communication, building safety/security, district referrals, etc.* |
|  |

|  |
| --- |
| **FOLLOW UP/REVIEW** (include dates and key points, attach or upload supporting documents when appropriate) |
|  |

|  |
| --- |
| *By signing below I acknowledge that I represent the employer and together with the employee we agree with this disclosure as presented. \*You are required to forward a copy of Part 1 and Part 2 to* *safety@sd22.bc.ca* |
| Employee’s Signature: |  | Date Signed: |  |
| Administrator’s Signature: |  | Date Signed: |  |

|  |
| --- |
| ***\*District Student Support Services Staff complete this section only.*** |
| [ ]  Risk Assessment attached and completed by Principal of building |
| [ ]  Safety Plan uploaded to admin connect (if applicable) |
| District Staff Support requested/assigned: |  |
| Additional Recommendations: |
|  |
| Reviewed by  | [ ]  SSS District Vice Principal | [ ]  SSS Director |
| Signature: |  | Date Signed: |  |