



A.D.S. Contracting

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Violence/ Harassment Report Form

Date of Report: _____ Date of Incident: _____

Time of Incident: _____

Employee

Name: _____

Work Address: _____

Job/ Position: _____ Age: _____

What were you doing at the time of the incident? _____

Offender(s)

Name: _____

Address(es): _____

Job/ Position: _____ Age _____

Description: _____

Relationship between employee and offender (if any):

Co-worker Member of public other (specify) Client

Other details (e.g. use of drugs or alcohol, possession of a weapon): _____

Apparent motive: _____

Witness (es):

Name: _____

Address: _____

Name: _____

Address: _____

Details of the Incident

Type of Incident: (physical injury, verbal abuse, threatening behaviour, verbal threat, written threat, damage to personal/ other property) _____

Location of Incident: (attach a sketch if possible) _____

Outcome: (assailant apprehended, police called, fatal injury, medical assistance required, first aid treatment required, time lost, emotional shock or distress, legal action initiated) _____

Other Relevant Information (to be completed, as appropriate) _____

Suggested Preventive/Remedial Actions: _____

Submitted to:

Owner

Supervisor

Signature

Signature

Date: ____ / ____ / _____

Date: ____ / ____ / _____