

Member ID:

Office:

Name:

Address:

Is this Incident Report being prepared as a result of information received from an external source? Yes No If yes, indicate source of information:

When did the incident occur?Date of incident
(DD/MM/YY)Time of Day
(HH:MM) AM PM**Where did the incident occur?** (Check where appropriate.)**In the Office:**

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Reception Area | <input type="checkbox"/> Waiting Area |
| <input type="checkbox"/> Interview Room | <input type="checkbox"/> Staff Area |
| <input type="checkbox"/> Satellite Office | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Other (explain) | |

In the Field:

- | | |
|--|--|
| <input type="checkbox"/> Person's Home | <input type="checkbox"/> Alternate Interview Location
(e.g., shelter/school/community centre) |
| <input type="checkbox"/> Other (explain) | |

What type of incident occurred? (Check where appropriate.)

- | | |
|--|--|
| <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Attempted Assault | <input type="checkbox"/> Bomb Threat |
| <input type="checkbox"/> Physical Assault | |
| <input type="checkbox"/> Other (explain briefly) | |

Description of Incident: *(Briefly describe what happened.)*

What factors do you think led to the incident? *(Check each appropriate item)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Cheque/funds not received | <input type="checkbox"/> Behavior appeared to be disability related. | <input type="checkbox"/> Crowded waiting room |
| <input type="checkbox"/> Refused emergency assistance | <input type="checkbox"/> Alcohol or drug use is suspected | <input type="checkbox"/> Long waiting time |
| <input type="checkbox"/> Ineligibility or suspension | <input type="checkbox"/> Third party agitator | |
| <input type="checkbox"/> Other (explain briefly) | | |

Who was involved?

Staff directly involved:

Name:

Position:

Other staff and/or witnesses involved:

Name:

Position:

Name:

Position:

Police Involvement

Were Police called? Yes No

Officer's Name: _____ Badge No.: _____

Were charges laid? Yes No

If yes, give details:

Other action taken by Police:

Incident Analysis (To be completed by staff involved in the incident, in consultation with supervisor/manager)

Were disruptive/violent behaviour procedures followed? Yes No

If no, give details:

Is this file being flagged for caution/safety: Yes No

If yes, give date:

(DD/MM/YYYY)

Should a trespass notice be issued? Yes No

Give reason for yes/no:

Date issued:

(DD/MM/YYYY)

Should home visits be waived? Yes No

If yes, give reason:

What other methods of service delivery are recommended?

Employee's Signature	Date (DD/MM/YYYY)
Supervisor's/Manager's Signature	Date (DD/MM/YYYY)