

ONTARIO INSULATION OSHAWA LIMITED

Workplace Violence & Harassment Reporting Form – January 2024

WORKPLACE VIOLENCE & HARASSMENT REPORTING FORM

INCIDENT REPORTING DETAILS		
REPORT DATE (DD/MM/YYYY)		INCIDENT DATE (DD/MM/YYYY)
NAME OF PERSON REPORTING THE INCIDENT		LOCATION OF THE INCIDENT
TIME OF THE INCIDENT (HH:MM)		REPORTING PERSON'S PHONE NUMBER
ALLEGED VICTIM'S NAME		REPORTING PERSON'S CONTACT INFORMATION
NAMES OF WITNESSES		WITNESS PHONE NUMBER / E-MAIL ADDRESS
WITNESS #1:		
WITNESS #2:		
WITNESS #3:		
WITNESS #4:		
WITNESS #5:		

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PROVIDE A DETAILED DESCRIPTION OF THE INCIDENT

Explain what you personally witnessed and heard. Do NOT provide opinion or speculate.

WAS ANY PROPERTY DAMAGED?

YES

NO

DON'T KNOW

IF "YES", THEN PLEASE PROVIDE A DETAILED DESCRIPTION OF THE DAMAGE

DID THE ALLEGED VICTIM SUFFER AN INJURY?

YES

NO

DON'T KNOW

IF "YES", THEN PLEASE PROVIDE DETAILS OF THE INJURY(IES) SUFFERED

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DID THE ALLEGED VICTIM RECEIVE MEDICAL OR FIRST AID TREATMENT?	YES		NO		DON'T KNOW	
IF "YES", THEN PLEASE PROVIDE DETAILS OF THE TREATMENT RECEIVED						
DID THE ALLEGED VICTIM MISS ANY TIME FROM WORK?	YES		NO		DON'T KNOW	
IF "YES" PLEASE PROVIDE DETAILS, INCLUDING THE DATES ON WHICH THE ALLEGED VICTIM WAS ABSENT FROM WORK						
DECLARATIONS						
NAME OF PERSON REPORTING THE INCIDENT	SIGNATURE			DATE (DD/MM/YYYY)		
I can confirm that the information in this report is true and accurate to the best of my knowledge.						
NAME OF PERSON ACCEPTING THE REPORT	SIGNATURE			DATE (DD/MM/YYYY)		

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