

# **WORKPLACE VIOLENCE OR HARASSMENT INCIDENT REPORT** **1-02F1**

Crew Supply Inc. workers are required to report all incidents of workplace violence and harassment to the General Manager. This form may be completed, or alternatively, used as a guideline to assist in reporting the appropriate information; written submission in any form will be accepted. Refer to 1-02-2 Workplace Violence and Harassment Program for further info.

**Workplace Violence**

Workplace violence is defined as:

- a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker, and/or
- c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Violence may come from a variety of possible sources, including workers, clients, contractors, worker domestic partners and the general public.

**Workplace Harassment**

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.
- b) workplace sexual harassment

**Workplace Sexual Harassment**

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expressed, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

<b>Worker Information</b>	
Name:	Job Title:
Home phone:	Cell phone or alternate contact:
Please confirm the preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____	Email address (optional):
<b>Description of Incident(s)</b> (attach additional sheets, if necessary)	
<p>Please describe the incident (s) including the following:</p> <ul style="list-style-type: none"> <li>names of individuals involved in the incident (if known), and/or description of individuals</li> <li>location, date and time of the incident(s)</li> <li>any witnesses, including names and contact information</li> <li>details about the incident(s) (behavior and/or words used)</li> </ul>	
<p><b>Relevant documents/evidence</b></p> <p>Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted. If you are not able to attach relevant documents, please list them. If someone else has relevant documents, please note that.</p>	

**Description of Incident(s)** (attach additional sheets, if necessary)

\_\_\_\_\_  
Signature of Individual reporting

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Manager's Signature

\_\_\_\_\_  
Date