

THE CORPORATION OF THE TOWNSHIP OF O'CONNOR

POLICY FOR WORKPLACE HARASSMENT/VIOLENCE

PURPOSE:

Under Section 32.0.1(1) (a) and (b) of the Occupation Health and Safety Act (OHSA), an employer shall prepare policies with respect to workplace harassment and violence and the said policies shall be reviewed as often as necessary but at least annually.

Under Section 32.0.2 (1) of the OHSA, an employer shall develop and maintain a program to implement the policy with respect to workplace violence required under clause 32.0.1 (1) (a).

Under Section 32.0.3(1) of the OHSA, an employer is required to assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of the workplace. The assessment shall also take into account circumstances that would be common to similar workplaces, circumstances specific to the workplace in the Township of O'Connor and other prescribed elements.

Under Section 32.0.4 of the OHSA, if an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker.

Under Section 32.0.5(3) of the OHSA, an employer's duty to provide information to a worker under clause 25(2)(a) and a supervisor's duty to advise a worker under clause 27(2)(a) include a duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if:

- The worker can be expected to encounter that person in the course of his or her work; and
- The risk of workplace violence is likely to expose the worker to physical injury.

Under Section 32.0.5(4) of the OHSA, no employer or supervisor shall disclose more personal information in the circumstances described in subsection (3), than is reasonably necessary to protect the worker from physical injury.

Under Section 32.0.6 (1) of the OHSA, an employer shall develop and maintain a program to implement the policy with respect to workplace harassment required under clause 32.0.1 (1) (b).

The Township of O'Connor is committed to providing a work environment in which all individuals are treated with respect and dignity. The Township is also committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. Violent behaviour in the workplace is unacceptable from anyone. The Township will take whatever steps are reasonable to protect its workers from workplace violence from all sources. This policy shall apply to Council members, supervisors, workers,

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worker's relatives, volunteers, members of the public, contractors and any other person that a worker may come in contact with during the course of their duties. Everyone is expected to uphold this policy and to work together to prevent workplace harassment and violence.

DEFINITIONS:

Subsection 1(1) of the OHS Act states:

“workplace harassment” means:

- 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.

“workplace violence” means:

- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; and
- 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.

“supervisor” means:

- A person who has charge of a workplace or authority over a worker.

“worker” means:

- A person who performs work or supplies services for monetary compensation.

“workplace” means:

- Any land, premises, location or thing at, upon, in or near which a worker works.

IMPLEMENTATION:

The Township of O'Connor has developed a Workplace Harassment/Violence Employee Training Program – Schedule “A” that implements the Workplace Harassment/Violence Policy. The program includes but is not necessarily limited to:

- Measures and procedures to control the risks identified in the risk assessments completed by employees and supervisors;
- Measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur;

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- Measures and procedures for workers to report incidents of workplace harassment/violence to the employer or supervisor;
- Sets out how the employer will investigate and deal with incidents or complaints of workplace harassment/violence; and
- Includes any prescribed elements.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. Workplace harassment can include, but is not necessarily limited to:

- Bullying - It is important to distinguish between normal worker conflict and workplace bullying. Bullying is defined as repeated, persistent, continuous behaviour as opposed to a single negative act and is generally associated with a power imbalance between the victim and perpetrator, where the victim feels inferior (Salin 2003);
- Teasing;
- Intimidating or offensive jokes or innuendo;
- Displaying or circulating offensive pictures or materials; and
- Offensive or intimidating phone calls.

The Ministry of Labour Health and Safety Inspectors will make decisions about what constitutes workplace harassment on a case-by-case basis. The risk of workplace harassment or violence increases when a worker:

- Deals with the public;
- Works alone or with only a few people;
- Works late nights or early mornings;
- Handles cash; and
- Has a mobile workplace (such as a vehicle).

All employees of the Township of O'Connor shall complete Schedule "B" - Workplace Violence Hazard Assessment for Employees.

All employees of the Township who act or have an opportunity to act as a Supervisor for the Township of O'Connor shall complete Schedule "C" - Workplace Violence Hazard Assessment for Supervisors.

Every worker must work in compliance with this policy and the supporting program. All workers are encouraged to raise any concerns about workplace harassment or violence.

Employees are encouraged to report any incidents of workplace harassment or violence. When reporting an incident a worker shall be required to fill out a Workplace Harassment/Violence Reporting Form - Schedule "D". Forms can be obtained by the supervisor or through the Township office. There shall be no negative consequences for reports made in good faith.

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Supervisors will adhere to this policy and the supporting program. Supervisors are responsible for ensuring that workers follow measures and procedures and that workers have the information they need to protect themselves.

Supervisors shall be required to fill out a Supervisor's Investigative Report on Workplace Harassment Form - Schedule "E". Investigation of all complaints of workplace harassment will be conducted within 24 hours of receiving the complaint or as soon as is practicable. Complaints received on Friday will be investigated on the following Monday. The Supervisor will investigate and deal with all concerns, complaints, or incidents of workplace harassment in a fair and timely manner while respecting workers' privacy as much as possible.

The Township of O'Connor, as the employer, will ensure this policy and the supporting program are implemented and maintained and that all workers and supervisors have the appropriate information and instruction to protect them from violence in the workplace.

Council is also committed to ensuring that this policy and related information is provided to all employees, including information on how to make a complaint. All employees will be required to attend training and information sessions as determined by Council, in order to comply with the OHSA and any regulations passed under that Act.

REVIEW OF POLICY

The Occupational Health and Safety Act requires that the Council for the Township of O'Connor shall review this policy not less than annually. However, incidents of workplace violence may require review of the policy and the program more often. Violent incidents may require specific training of specific employees if a previously unknown hazard in their workplace is identified.

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Schedule "A"

WORKPLACE HARASSMENT/VIOLENCE EMPLOYEE TRAINING PROGRAM

Purpose of the Workplace Harassment/Violence Employee Training Program

Section 32.0.1(1) of the Occupational Health and Safety Act (OHSA) states that the employer shall prepare policies with respect to workplace harassment and violence, and implement a program to implement the policies to reduce harassment and violence and protect workers. The Township of O'Connor has developed the following program and employees and Supervisors of the Township of O'Connor are expected, and required under the OHSA, to participate in the program.

Employee Training

The Township of O'Connor wishes to ensure that all employees receive training on avoiding and reporting workplace harassment and violence. The Township will implement a training program for all current employees, and will ensure that any new employees receive this training as part of orientation. Training will include but is not limited to the review of this program on an annual basis. The Township will identify the need for employees to attend further training on specific issues or incidents, however employees may suggest seminars, courses or reading material that may assist with specific issues.

The Township is also committed to training employees on safe work practices when hazards of their workplace have been identified. Training will depend on review of the results of the Workplace Violence Hazard Assessment and subsequent reviews of that Assessment.

Records of completion of all required training under the provisions of the OHSA shall be maintained in all employees' personnel files.

Workplace Violence Hazard Assessment

Section 32.0.3(1) of the OHSA requires that the employer shall assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of the workplace. The assessment shall take into account:

- Circumstances that would be common to similar workplaces;
- Circumstances specific to the workplace in the Township of O'Connor; and
- Any other prescribed elements.

Section 32.0.3(3) of the OHSA requires that the employer advise the Health and Safety Representative or Committee of the results of the workplace violence hazard assessment, and provide a copy if the assessment is in writing;

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If there is no Committee or Health and Safety Representative, the employer shall advise the workers of the results of the assessment, and if the assessment is in writing, provide copies on request or advise workers how to obtain copies.

To help Council complete this risk assessment, employees shall be required to complete Schedule "B" – Workplace Violence Hazard Assessment for Employees form. Employees will complete this form annually, or more often if there is a change in the risk of violence. Employees are encouraged to report any threat or incidence of violence to their supervisors. Supervisors will report to Council on any change in the risk of violence in the workplace immediately. Supervisors will also be expected to identify risks and provide possible solutions.

If a Supervisor is involved in the incident, the employee may report to the Clerk or to Council directly. There will be no consequences to the employee for reporting an incident of violence or the threat of violence. Employees are encouraged to seek assistance whenever they do not feel safe in their workplace.

Supervisors will complete Schedule "B" – Workplace Violence Hazard Assessment for Employees form as well as Schedule "C" - Workplace Violence Hazard Assessment for Supervisors form, a risk assessment of the physical environment of the workplace. If the Supervisor is responsible for more than one location in the workplace, a separate assessment form shall be completed for each location.

Workplace Harassment and Violence Reporting Form

When reporting on harassment or violence in the workplace an employee shall complete Schedule "D" - Workplace Harassment and Violence Reporting Form.

Investigations

Supervisors shall complete Schedule "E" – Supervisors Investigative Report On Workplace Harassment/Violence form and investigate all complaints of workplace violence within 24 hours of receiving the complaint or as soon as is practicable. Complaints received on Friday will be investigated on the following Monday.

If a worker who has made the complaint will be required to work with the worker who is the subject of the complaint, before the investigation can begin, the worker may refuse to work. The Occupational Health and Safety Act has extended the "**Right to Refuse Work**" to cover workplace violence and harassment. Supervisors must protect the workers at all times.

Supervisors have the authority of Council to interview all named parties and witnesses, and any other person he or she feels is necessary, and employees shall co-operate with the Supervisor at all times during the investigation. There is no penalty for reporting workplace harassment or violence or for co-operating with the investigation.

Supervisors shall consistently endeavour to protect personal information and to treat all parties with respect. Except as required by the Occupational Health and Safety Act, or any other Act, a Supervisor will not release personal information that may be collected during an investigation.

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A Supervisor's role is to investigate the complaint only. All results of workplace violence investigations shall be reported to Council or, if Council has provided otherwise, to the person appointed to receive these results.

Council, or the person appointed by Council, will review the results of the investigation and make recommendations and/or take disciplinary action if required.

A Recommendation could include, but is not limited to:

- Referral to an outside employee assistance program;
- Training programs; and
- Health and safety programs.

Disciplinary action could include, but is not limited to:

- Verbal warning;
- Written warning;
- 3 day suspension without pay;
- 7 day suspension without pay; and
- Termination.

The employee union will be notified of any disciplinary action taken against a union member. If the union member who is being disciplined wishes to submit a grievance against any decision of Council to discipline that worker under the Workplace Harassment/Violence Policy, all results of the investigation shall be released to the union representative, who will be expected to maintain the privacy of the worker(s) under the Freedom of Information and Protection of Privacy Act.

All complaints, investigative results, and any other relevant information regarding a workplace violence complaint, shall be maintained on file. Such files are subject to the Township's Record Retention Policy, but shall not be destroyed while the worker(s) who are subjects of the complaint remain as employees of the Township of O'Connor. Previous complaints against the same worker(s) will be reviewed in subsequent complaints.

If, during the investigation of a complaint, it is found that the Workplace Harassment/Violence Policy should be modified, Council shall make it a priority to change the policy and communicate that change to the employees.

Disclosure of Results

As per the requirements of the Occupational Health and Safety Act, the Township of O'Connor is committed to providing the results of all workplace violence hazard assessments to all employees.

Employees may review or may request copies of all Risk Assessment reports after submission to Council. Copies will be available at the Municipal Office. In order to

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conserve paper, copies will not be printed until requested. Please contact the Municipal Office to ensure a copy is available.

In the case of incidents of workplace violence, Council and the Clerk reserve the right to limit the amount of personal information that will be provided. Workers who may come in contact with people, who have a history of violence, will be warned of the possibility of violence. Council and management will strive to maintain the privacy of all workers to the extent available.

All complaints, investigative results, and any other relevant information regarding a workplace violence complaint, shall be maintained on file. Such files are subject to the Township's Record Retention Policy, but shall not be destroyed while the worker(s) who are subjects of the complaint remain as employees of the Township of O'Connor. Previous complaints against the same worker(s) will be reviewed in subsequent complaints.

Mitigation of Hazards

(To be developed with Risk Assessment and inserted here)

Reference: By-Law 2010-16 passed at the June 29, 2010 Council Meeting

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Schedule "B"

**WORKPLACE VIOLENCE HAZARD ASSESSMENT
FOR EMPLOYEES**

Part 1 – Department/Work Area

Please describe your department or work area and the main activities carried out there.

Part 2 - History

1. Have there been incidents when employees in your department have experienced or been threatened with physical violence? Yes No
(if Yes, please describe)

2. Have there been incidents when employees in your department have experienced verbal abuse (i.e. shouted at, obscene language, threats or obscene phone calls)? Yes No
(If Yes, please describe)

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Part 3 – Activities Which Might Expose Employees to Risk of Violence	
1. Do employees in your department work with money or other valuables?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do employees in your department deliver or collect items of value? (If Yes, please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do employees in your department deal with people who may be under the influence of drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do employees in your department deal with people who are deeply troubled or distressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do employees in your department monitor or regulate the activity of others or carry out procedures or make decisions that adversely affect others? (If Yes, please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are employees in your department involved with activities that may elicit a negative or confrontational response? (If Yes, please describe).	<input type="checkbox"/> Yes <input type="checkbox"/> No

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7. Are there other aspects of the work in your department that might spark a violent response? Yes No
(If Yes, please describe)

Part 4 - Factors Which Increase the Risk of Violence

Definition: A person works alone when they work in a situation where they are out of sight or out of hearing of other employees.

1. Do you ever work alone during normal work hours? Yes No
(If Yes, please describe when, why and how often this occurs)

2. Do you ever work alone after normal working hours? Yes No
(If Yes, please describe)

3. Does your employment require you to drive a vehicle? Yes No

4. Does your employment require you to travel? Yes No

5. Does your employment require you to stay in motels? Yes No

6. Please describe any precautions if any, you already take when you work alone.

Part 5 - Reducing the Risk of Violence

1. Please describe any policies or procedures already in place to reduce the risk of violence in your department.

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2. In light of your responses in this Risk Assessment, do you feel that the Township of O'Connor has taken all reasonable steps to prevent or reduce workplace violence?

Yes No

(If No, please describe)

3. What further steps would you recommend?

4. What assistance, if any, do you need to accomplish any of the above steps?

5. Any other comments? Please add additional pages as required to complete your response to any question on this form.

Name: _____ Date: _____
(Please Print) (dd/mm/yy)

Department _____

Signature _____

Thank you for your input.

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Schedule "C"

**WORKPLACE VIOLENCE HAZARD ASSESSMENT
FOR SUPERVISORS**

Parking Lots	
1. Are parking lot entrances and exits well marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there enough lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any areas where visibility would be limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:	
Around the Perimeter of Building	
1. Is the workplace near any business or geographic location that would increase the risk of violence? (e.g. Banks, bars, highways)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the workplace remote?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any areas where visibility would be limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:	
Inside the Building	
1. Are entrances and exits well lighted and marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the building designed so that public and private places are clearly identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are keys used to control entrance to parts of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. Is access to keys strictly controlled and monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are locks or codes changed after keys are lost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a security system at the location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If yes, is the system tested monthly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the security system adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there areas/locations of the workplace that require an employee to work alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can non-employees enter the building without being seen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there a policy in the workplace regarding when and where non-employees will be allowed access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are signs clearly posted in the workplace advising of restricted areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are there physical barriers to keep non-employees out of restricted areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are there areas in the workplace with no emergency exit where employees could become trapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are there emergency buttons or a method of emergency communications in those areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are there objects, tools or equipment in this location that could be used as a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are there employees that work alone at this location? If yes, how often do employees work alone at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have employees that work alone at this location been provided with safety training on communication devices or methods for obtaining emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the main lighting controls accessible by non-employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Can the public use the same washrooms as staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Can washroom lights be turned off when the room is occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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22. Do employees leave the building the same way at the same time each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are there any places where someone could hide in this location? If Yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are those places checked before leaving the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has the furniture in individual offices been arranged to allow for a quick exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Does the office layout keep employees physically separate from the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do the offices have good visibility, such as glass in walls or doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are there decorative objects in the workplace that could be used as a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do employees know the numbers to call in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Are phones accessible in every area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Provide sufficient additional information to explain your answers above. Include any suggestions on how to improve or eliminate the hazard. Sign and date this assessment. Assessments must be returned to the Municipal Office	

Name: _____ Date: _____
(Please Print) (dd/mm/yy)

Department _____

Signature _____

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Schedule "D"

WORKPLACE HARASSMENT AND VIOLENCE REPORTING FORM

Use Separate Sheet if More Space is Required for Your Answers

Employee Information (separate forms to be completed by all employees involved in or witnessing a violent incident or threat in the workplace)		
Name:		Position:
Date and time of incident:		
Date and time incident reported:		
Incident reported to:		
Location of incident		
<input type="checkbox"/> Public area - building	<input type="checkbox"/> Restricted area - building	<input type="checkbox"/> Parking lot or walkway
<input type="checkbox"/> Road right-of-way	<input type="checkbox"/> Private property	<input type="checkbox"/> Other (e.g. crown land)
Specify Location if Other:		
Were any emergency response measures initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate the classification of the incident (refer to explanation provided)		
<input type="checkbox"/> Type I (Criminal Intent)	Person has no relationship to the workplace	
<input type="checkbox"/> Type II (Client or Customer)	Person is a client, visitor or family member of a client at the workplace who becomes violent toward a worker or another client; or worker becomes violent toward a client, visitor or family member of a client	
<input type="checkbox"/> Type III (Worker-to-worker)	Person is an employee or past employee of the workplace	
<input type="checkbox"/> Type IV (Personal Relationship)	Person usually has a relationship with an employee (e.g., domestic violence in the workplace)	

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You may provide a sketch map of area where incident occurred for clarity:

Does the person involved have a history of previous incidents?

Yes No Don't know

Incident Type

Threat

Physical assault

Verbal abuse

Discrimination or harassment

Robbery, arson, vandalism

Carrying a weapon

Injury Type

Strain or sprain

Cut or laceration

Contusion

Bitten

Pinched/Punched

Psychological

Other (specify)

Was medical attention or first aid required? Yes No

If yes, provide details:

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Description of incident:	(Please describe what happened in the space below)
Who was involved?	
What events lead up to the incident?	
Were other individuals involved? (e.g., staff, visitors, clients, etc.)	
What started the incident?	

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Please indicate concerns, issues and actions taken (e.g., initiated emergency response plan, contacted supervisor, police or security, emergency service personnel, etc.)

Witness(es)	
Name	Contact information
1.	
2.	
3.	
4.	
Other Information	

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Are you aware of any similar incidents in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	
Are you aware of any controls, measures or procedures to prevent a similar incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any other information you think may be relevant, including any recommendations that you think would be helpful:	
Reporting	
Reported to supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of supervisor	
Reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, police report number	
Reported to WSIB (Form 7)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
Modified work offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Signature of Worker

Signature of Supervisor

Date Report Received

File Number Assigned

WSIB Number if Applicable

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Schedule "E"

**SUPERVISORS INVESTIGATIVE REPORT
ON WORKPLACE HARASSMENT AND VIOLENCE**

Supervisor's report (to be completed by all Supervisors who witness or are involved in a workplace violence complaint or incident)	
Name	Position
Date reported	Date of investigation:
Police contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
WSIB reports completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
Witnesses and statements: (number and attach supporting documentation)	

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Corrective action taken or recommendations for corrective action:	
Post-crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral to employee assistance program or other community resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Incident Stress Debriefing where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advised to consult a physician for treatment or referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up (Type, Date):	

Signature of Supervisor

Date Report Completed

Date Reviewed by Council

Signature of Clerk