



Appendix 5: Potential Threats Incident Form

This form is to be completed in event of any threat or incident of harassment or violence that takes place to any Arkay worker. This includes bullying and threats of violence

Please indicate:

- Harassment
 Violence
 Bullying
 Other

Name of victim				
Location of incident				
Nature of the allegation				
Type of Incident	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Verbal threat	<input type="checkbox"/> Threatening behaviour	<input type="checkbox"/> Written threat
	<input type="checkbox"/> Property damage	<input type="checkbox"/> Psychological trauma	<input type="checkbox"/>	<input type="checkbox"/>
Person(s) accused of incident				
Date/Time	Date		Time	
Incident Witness	Name		Contact Details	
Possible contributing factors				
What action did you take in response to the incident?	<input type="checkbox"/> Security called	<input type="checkbox"/> Police called	<input type="checkbox"/> Other called	<input type="checkbox"/> Management called
	<input type="checkbox"/> Assailant apprehended	<input type="checkbox"/> First aid	<input type="checkbox"/> Medical aid	<input type="checkbox"/> Arkay Management
Relationship between victim and offender	<input type="checkbox"/> Co-worker		<input type="checkbox"/> Management	
	<input type="checkbox"/> Contractor		<input type="checkbox"/> Client	
	<input type="checkbox"/> Public		<input type="checkbox"/>	



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I am filing this complaint because I believe that an act has been committed the act of:

- Harassment
- Violence

I declare that this is a true, accurate and complete summary of an incident. I understand that making a false allegation is a violation of Arkay's rules and I will be subject to discipline.

I understand that Arkay will conduct a confidential investigation based on the information provided

Signature of complainant

Date

Office Only		
<u>Received</u>	<u>Investigated by</u>	<u>Date</u>