



ASSAULT - RELATED INCIDENT QUESTIONNAIRE
(PLEASE PRINT OR TYPE)

This questionnaire should be answered in full, since it will serve as the basic document for the possible recovery of the damages caused by the responsible party.

PERSONAL		
1. Employee's name (in full):		2. Present mailing address:
3. Telephone	4. Employer's name and address:	
- Home:		
- Work:		
5. Worksite location of employee:		
ACCIDENT		
6. Date and time of accident:		7. Location of incident:
8. Brief statement of your version of this incident (if more space is required, please attach an additional sheet of paper):		
9. Name(s) and address(es) of individual(s) who assaulted you:		
10. Name(s) and address(es) of witness(es):		
11. Was the individual who assaulted you an employee of the federal government or a crown corporation or agency? If Yes, please indicate his/her place of employment.		Yes No
Was this individual on duty at the time of the incident?		Yes No
12. When assaulted, did you strike the other individual? If Yes, please elaborate.		Yes No
13. Had there been any prior altercations between you and the other individual?		Yes No
INVESTIGATION		
14. Were security officials and/or police called to investigate this incident? If Yes, please indicate the name(s) and address(es) of investigative officials.		Yes No
15. Was the other individual charged by police? If Yes, what was (were) the charge(s) and was the individual convicted of this(ese) charge(s)?		Yes No
16. Were you charged by police? If Yes, what was (were) the charge(s) and were you convicted of this(ese) charge(s)?		Yes No
INJURIES AND OTHER DAMAGES		
17. Description of your injuries (include photographs, if possible):		18. Name(s) and address(es) of attending physician(s), therapist(s), or hospital(s):
19. List any treatment(s) prescribed (include medication):		20. Description of other damage (torn or soiled clothing, broken glasses [include invoices, where applicable]):

Employee's Signature

Date

The information you provide is collected under the authority of the *Government Employees Compensation Act* (GECA) and the *Department of Employment and Social Development Act* (DESDA) and is protected under the *Privacy Act*. Personal information is used to administer claims under the GECA, determine the validity of the claim, identify third parties responsible, identify treatment plan facilitate return to work and determine monetary entitlement for compensation benefits.

Completing the questionnaire is voluntary; however, refusal to provide personal information will result in being excluded from any potential compensation benefits which you may be entitled to under GECA.

The information may be shared with the Department of Justice and/or third party for the purposes of maintaining an action against the third party. The information you provide may be used and/or disclosed for program development in accordance with ESDC protocols for policy, analysis, research, and/or evaluation (PARE) activities. However, not that these additional uses and/or disclosures of personal information will never result if an administrative decision being made about you.