

STRIKE INCIDENT REPORT FORM

Please email to the Strike Coordination Centre at: StrikeCoordinationCentre@uvic.ca

Name of person reporting:	Date of report:
Department & site:	Job title:
Date & time of incident:	
Place incident occurred: {street address, location}	
Detailed description of incident(s): what were the employees doing/not doing? What happened before, during and after the incident?	
Report kinds of threats/actions made, give exact words {where possible}:	
Give names or description of person(s) involved:	
Number of persons at the scene during the incident:	
Names or descriptions of witnesses:	
Names or descriptions of other union picketers and other individuals:	
Names of any other union officials or picket captains present or nearby:	
Description of property damage, if any:	
To whom in management was the incident reported and when:	
Other comments and observations:	