



HUMAN RESOURCES

DOMESTIC VIOLENCE SAFETY PLAN FORM

Employee Name:	Aggressor's Full Name:
Work Location:	Aggressor's Address:
Current Relation Status with Aggressor:	
Description of Aggressor:	
Optional – Attach extra sheet, photo and / or supporting documents (e.g. restraining order etc.)	
Aggressor's Patterns of Behaviour and High Risk Times (e.g. free hours):	
Employee Current Workdays and Hours:	
(a) Would changing your work schedule help? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate new program or schedule:	

(b)1. How do you normally arrive? (car, bike, walking, etc.)

If you drive, where do you park?

2. Would finding a new method to work help (including a new parking spot)? YES NO

If yes, please indicate new method and / or parking spot:

3. Would having someone escort you to your car help? YES NO

If yes please indicate plan:

(c) If the aggressor shows up, how would you suggest handling the situation? (check all that apply)

- Call the police
- Say that I am unavailable or not here
- Ask him/her to leave the building
- Other: _____

(d) Do you believe that he / she would be violent to others or cause a scene in order to see you? YES NO

If yes, please describe some of his/her behaviour and / or concerns you have:

(e) Who should we contact in case of an emergency? (name & phone number)

(f) If you are in danger, what code word can you use to ask for help?

Employee Signature

Date

Coordinator Signature

Date