



## HUMAN RESOURCES

### DOMESTIC VIOLENCE SAFETY PLAN FORM

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

**(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