

# ASSAULT SURVEY

ATU Canada will not disclose this information to anyone without your consent. Names are requested to verify that the respondent is a member of an ATU local in Canada. If you would like further information about the purpose and use of the data from this survey please do not hesitate to contact us at [research@atucanada.ca](mailto:research@atucanada.ca)

Name:

Local #:

GENDER: Male                      Female

Please provide details of the incident using the following questions as a guideline:

1.What was the nature of the assault (Please include the time of day that it occurred)?

2.Did you report the incident to a supervisor?

Yes                      No

3.Did you fill out an incident report for your employer?

Yes                      No

Please provide the number from the incident report if available:

4.Were you injured?

Yes                      No

If yes, please provide the details of your injury/injuries?

5.Were you offered medical treatment?

Yes                      No

6.Did you accept medical treatment?

Yes                      No

7.Did you report the incident to your local union executive?

Yes                      No

8.Were the police involved?

Yes                      No

Please provide the number from the police report if available:

9. Was the person or persons who assaulted you charged with either a criminal offence or given a no trespassing order?

Yes                      No

10. Was the person or persons who assaulted you convicted?

Yes                      No

Please provide the details of their sentence if available:

11. Did you fill out a Victim Impact Statement?

Yes                      No

12. Did this incident cause you to miss work due to injuries or stress?

Yes                      No

13. Did the incident affect your ability to work certain shifts or in certain geographic areas?

Yes                      No

14. Do you think that your employer did everything they could to prevent (eg. adequate lighting, security, etc.) this incident from occurring?

Yes                      No

15. Do you think that you had adequate training to deal with this incident?

Yes                      No

16. Were you disciplined or threatened with disciplinary action for this incident?

Yes                      No

Please provide the details of the disciplinary action if applicable:

Please complete this form and mail or fax it to us:

ATU, Canadian Council,  
61 International Blvd.,  
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Rexdale, ON  
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