# Employee Workplace Violence Event Report Form and Investigation Tool

**Part 1:**

To be completed by Employee

Employee Information

**Name:** Click here to enter text.

**Position:** Click here to enter text.

**Shift:** Click here to enter text.

**Department/unit:** Click here to enter text.

|  |  |
| --- | --- |
| Date and time of incident Click here to enter text. | Date and time incident reported Click here to enter text. |
| Incident reported to Click here to enter text. |

Location of Incident

[ ]  **Client care area**

[ ]  **Public area on site**

[ ]  **Restricted area on-site**

[ ]  **Parking lot or walkway**

[ ]  **Community**

[ ]  **Client’s home**

|  |  |
| --- | --- |
| Work location if off site Click here to enter text. | Were the emergency response measures initiated? [ ]  Yes [ ]  No |

Please indicate the classification of the incident (Please refer to explanation provided)

|  |  |
| --- | --- |
| [ ] Type 1 (External Perpetrator) | The violent person has no relationship to the worker or workplace. |
| [ ] Type 2 (Client/Customer) | **The violent person is a client at the workplace who becomes violent towards a worker or another client.** |
| [ ] Type 3 (Employment Related) | **The violent person is a worker or has / had some type of job-related involvement with the workplace.)** |
| [ ] Type 4 (Domestic Violence)  | **The violent person has a personal relationship with an employee or client.** |
| Describe the event including persons involved: |
| Does the person involved have a history of previous incidents? [ ]  Yes [ ]  No [ ]  Don’t Know |

Incident Type

[ ]  **Threat**

[ ]  **Discrimination or harassment**

[ ]  **Physical assault**

[ ]  **Robbery, arson, vandalism**

[ ]  **Verbal abuse**

[ ]  **Carrying a weapon**

Injury Type

[ ]  Strain or sprain

[ ]  **Bite**

[ ]  **Cut or laceration**

[ ]  **Pinch**

[ ]  **Contusion**

[ ]  **Psychological**

|  |
| --- |
| Other (specify) Click here to enter text. |
| Was medical attention or first aid required?  | [ ]  **Yes** [ ]  **No** |
| If yes, provide details: Click here to enter text. |

Description of incident (Please describe what happened in the space below)

|  |  |
| --- | --- |
| Who was involved?  | Click here to enter text. |
| What events lead up to the incident?  | Click here to enter text. |
| Were other individuals involved? (e.g; staff, visitors, clients etc.) | Click here to enter text. |
| What precipitated the incident? (Were any triggers identified?) | Click here to enter text. |
| Other: Click here to enter text. |

Actions taken

|  |
| --- |
| Please indicate concerns, issues and actions taken (e.g., initiated emergency response plan, contacted supervisor, police or security, emergency services personnel etc.)  |

Witness(es)

|  |  |
| --- | --- |
| Name: | Contact Information: |
| 1. Click here to enter text.
 | Click here to enter text. |
| 1. Click here to enter text.
 | Click here to enter text. |
| 1. Click here to enter text.
 | Click here to enter text. |
| 1. Click here to enter text.
 | Click here to enter text. |
| Other: Click here to enter text. |
| Are you aware of any similar incidents in the past? | [ ]  **Yes** [ ]  **No** |
| If yes, provide details:Click here to enter text. |
| Are you aware of any controls, measures or procedures to prevent a similar incident?  | [ ]  **Yes** [ ]  **No** |
| Please provide any other information you think may be relevant, including any recommendations that you think would be helpful |

Reporting

|  |  |
| --- | --- |
| Reported to supervisor?  | [ ]  Yes [ ]  No |
| If yes, name of supervisor Click here to enter text. |
| Reported to police?  | [ ]  **Yes** [ ]  **No** |
| If yes, police report number Click here to enter text. |
| Reported to human resources? | [ ]  **Yes** [ ]  **No** |
| If yes, name of human resources personnel: Click here to enter text. |
| Reported to WSIB (Form 7)  | [ ]  **Yes** [ ]  **No** |
| If yes, by whom? Click here to enter text. |
| Modified work offered?  | [ ]  **Yes** [ ]  **No** |
| If yes, describe Click here to enter text. |
| Signature of worker:  |
| Signature of supervisor:  |

**Part 2:**

**To be completed by Supervisor**

**Name:** Click here to enter text.

**Position:** Click here to enter text.

**Date reported:** Click here to enter text.

**Date of investigation:** Click here to enter text.

|  |  |
| --- | --- |
| Security contacted | [ ]  Yes [ ]  No |
| If yes, how? By whom? Click here to enter text. |
| Was security obtained? Did they respond immediately?  | [ ]  **Yes** [ ]  **No** |
| Police contacted?  | [ ]  **Yes** [ ]  **No** |
| If yes, by whom? Click here to enter text. |
| Human resources contacted?  | [ ]  **Yes** [ ]  **No** |
| If yes, by whom? Click here to enter text. |

Persons participating in investigation:

|  |  |
| --- | --- |
| Name: | Contact Information: |
| Click here to enter text.  | Click here to enter text. |

Description of findings (identify immediate cause, underlying cause)

|  |
| --- |
|  |

Witnesses and statements

|  |  |
| --- | --- |
| Witness Name: | Statements |
| 1. Click here to enter text.
 | Click here to enter text. |
| 1. Click here to enter text.
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Corrective action taken or recommendations for corrective action:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Post-crisis intervention | [ ]  **Yes** [ ]  **No** |
| Referral to employee assistance program or other community resource? | [ ]  **Yes** [ ]  **No** |
| Was Debriefing provided?  | [ ]  **Yes** [ ]  **No** |
| Advised to consult a physician for treatment or referral? | [ ]  **Yes** [ ]  **No** |
| Follow-up” Click here to enter text. |