



Appendix C – Workplace Violence Incident Investigation

Instructions

The Department Human Resources Professional with the assistance of Risk Management will complete the investigation into the reported violent incident. Further investigation and resolution of the incident is expected within seven days in addition to submitting a copy of the completed investigation to the HR Tracker system.

Incident Analysis

To be completed by the Department Human Resources Professional with the assistance of Risk Management.

1. Has this type of incident occurred before at the workplace? ☐ Yes ☐ No If yes, cite the log number from the Violent Incident Log:

2. What were the main factors that contributed to the incident?

3. What could have prevented or at least minimized the damaged caused by this incident?

Post-Incident Response

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the employee(s) require medical attention as a result of the incident?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the employee(s) miss work as a result of the incident?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the employee(s) apply for workers' compensation benefits?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was law-enforcement or security contacted?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was building facilities contacted?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was immediate counseling provided to affected workers and witnesses?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was critical incident debriefing provided to all affected staff who desired it?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was post-trauma counseling provided to affected staff who desired it?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was all counseling provided by a professional counselor?

Has there been follow-up with the employee(s)? ☐ Yes ☐ No *Describe below:*

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Is this a recurring event? ☐ Yes ☐ No

Are there modifications to be made to the WVPPP to reflect updated practices? ☐ Yes ☐ No *Describe below:*

Investigator Information

Investigation Completed By:		Department:		Job Title:	
Phone Number:		Email:			
Date:		Signature:			