

INCIDENT REPORT & INVESTIGATION FORM

Workplace Violence Incident

Employee's Name: _____ Department: _____

Position: _____ Employee's Supervisor: _____

Date and Time of Incident: _____ 200__ at _____ AM/PM

Location: _____

Description of incident, include sequence of events: _____

_____ (use reverse if necessary)

Name of client / subject (if known): _____

Description:

Sex: M F Age _____ Height _____ Weight _____ Race _____

Hair (color/style) _____ Eyes _____ Glasses? _____

Complexion _____ Jewelry _____

Scars/Marks/Tattoos (describe): _____

Hat (color/type) _____ Coat (color/type) _____

Shirt _____ Tie _____

Pants _____

Shoes _____ Type of Weapon _____

Vehicle Description:

Make _____ Model _____ Year _____ License # _____

Color _____ Other _____

Direction of Travel: _____

(Facial Characteristics should include Skin/Hair color Facial/Ear Piercings, Hair Style/Texture, Texture of Skin, Shape of Mouth/Lips/Ears/ Eyes /Eyebrow Size/Shape, Shape of Cheeks/Nose/ Neck/ Mustache/Beard/Other facial hair, Adam's Apple)

What did the subject say specifically:

State ALL injuries received at this time, indicating right or left if applicable:

State ALL damage to equipment or property:

Names of witnesses to the Incident

1. _____ Phone: _____

2. _____ Phone: _____

Were the RCMP contacted? YES ___ NO ___ RCMP File # _____

Did police attend? YES ___ NO ___

ADMINISTRATIVE USE

Did employee receive First Aid? YES ___ NO ___ If yes, who administered it? _____

Did employee attend a physician, qualified practitioner or counselor? YES ___ NO ___

Name and address of above: _____

Did the employee lose any time from work due to this incident? YES ___ NO ___

Identify any unsafe conditions, acts or personal factors, which contributed in any manner to the incident:

State recommendations for corrective actions to prevent similar incidents:

Person(s) responsible for corrective action: _____ Completion Date: _____

Supervisor Name & Signature: _____

Form Completion Date: _____

Supervisor to complete this form and forward a copy to the Occupational Health & Safety Officer