

# Workplace Violence Incident Investigation Form



LOCAL 1000, AFSCME, AFL-CIO

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

Location of the incident occur: (Be specific)	
Name(s) of affected employee(s): [victim(s)]	
What best describes the assailant?: [perpetrator(s)]	<input type="checkbox"/> Stranger, <input type="checkbox"/> Patient/Client/Customer/Student, <input type="checkbox"/> Co-Worker, <input type="checkbox"/> Domestic Partner Describe:
When did the incident occur?:	Date: _____ Time / Shift: _____
What happened?:	<input type="checkbox"/> Physical assault, <input type="checkbox"/> Verbal abuse, <input type="checkbox"/> Threat, <input type="checkbox"/> Aggressive behavior, <input type="checkbox"/> Near-hit
Incident Description:	
Was a weapon used?:	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Were the police notified?:	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Were injuries sustained?:	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Was medical attention required?:	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Was the employee(s) hospitalized?:	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Names of witnesses:	
What happened immediately before the incident?:	
What happened immediately after the incident?:	
Were there any contributing environmental factors?: [Building layout or design]	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Were there any contributing administrative factors?: [Work practices or procedures]	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
Have similar incidents occurred in this work location?:	<input type="checkbox"/> Yes, <input type="checkbox"/> No, Describe:
What action has been taken since the incident?:	
What can be done to prevent future incidents?:	
Recommendations:	
Comments:	

Instructions on Back

## Instructions:

- Fill in all fields with as much detail as possible.
- Speak with as many affected employees as possible.
- Ask appropriate questions to get to the "root-cause" of the incident.
- Ask "Why?".
- Be open-minded; do not formulate an opinion until all information is obtained.
- Copies of this investigation form shall be submitted to the workplace violence committee, the workplace violence program coordinator, human resources and appropriate affected employees.
- Attach additional pages if more space is required to accurately answer any question.