Workplace Harassment and Violence Prevention Program Incident Investigation Form

Worker Name:		
Date & Time of Incident:		Location of Incident:
Date & Time of Report:		Reported to:
Description of Event:		
Type of Incident: ☐ Verbal Abuse ☐	Physical Abuse	☐ Damage to Property
Was medical attention or first aid ☐ Yes ☐ No	•	
	njury and include ty	ype of injury (laceration, strain, sprain, psychological, etc)
Description of Incident: (Including: any action was taken, what impact the incident	location, date, person(s) inv had on you. Please attach a	olved, what happened, where it occurred, what led to the incident, what if additional paper if necessary.)

All Actions Taken: (Including: initial response, employer contacted, police or emergency se	ervices responded)
Police Report # (if applicable):	
Witnesses:	
Name(s):	
Contact Information:	
Additional Notes:	
Has the person(s)/ issue(s) involved previously been reported or ide or previous investigation)	entified? (i.e. submitted concern report form
□ Yes □ No	
Description of Previous Incident, if applicable:	
-	
Recommendations (if applicable):	
Report Completed By:	Date: