## Workplace Harassment and Violence Prevention Program

# Incident Investigation Form

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| **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 required?**

☐ Yes ☐ No

**If yes, please provide details of injury and include type of injury** (laceration, strain, sprain, psychological, etc)

**Description of Incident:** *(Including: location, date, person(s) involved, what happened, where it occurred, what led to the incident, what if any action was taken, what impact the incident had on you. Please attach additional paper if necessary.)*

**All Actions Taken:** *(Including: initial response, employer contacted, police or emergency services responded)*

**Police Report # (if applicable):**

**Witnesses:**

Name(s): _____

Contact Information:

**Additional Notes:**

**Has the person(s)/ issue(s) involved previously been reported or identified? (**i.e. submitted concern report form or previous investigation)

☐ Yes ☐ No

**Description of Previous Incident, if applicable:**

**Recommendations (if applicable):**

| **Report Completed By:** | **Date:** |
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