

APPENDIX J: Incident Investigation Report Form

Purpose of this tool

To provide a sample of an incident investigation report form. The information on the Workplace Violence Investigation Report Form may be used for tracking and trending purposes for the workplace violence investigation programs

What is needed to complete the tool

Prior to completing this tool, collect and analyze incident-related information and documents.

How to Use this tool

1. Complete this form using incident-related data already collected and analyzed data.
2. Review the completed form to verify that the details are accurate.
3. Lead investigator signs the document and ensures submission to the required parties.

Workplace Violence Investigation (WPV) Report Form

Part A: Workplace Violence Investigator		
Names of Investigators		
Lead Investigator: _____ Position: _____ Department: _____		
Investigating Team: Yes No (If yes, complete the list of additional investigators)		
Names of Additional Investigators		
Name: _____	Position: _____	Department: _____
Name: _____	Position: _____	Department: _____
Name: _____	Position: _____	Department: _____
Name: _____	Position: _____	Department: _____
Name: _____	Position: _____	Department: _____
Name: _____	Position: _____	Department: _____
Purpose of Investigation		
Date(s) of Investigation		

Part B: Workplace Violence Incident Information and Demographics

Injury Notification Category (Occupational Health and Safety Act sections 51 and 52)

- Critical/fatal injury
- Disabled from performing regular duties or requires medical attention
- Occupational Illness
- Other

Required Notifications Completed (Occupational Health and Safety Regulations)

- | | | |
|-----------------|-------------|-------------|
| JHSC/HSR/Unions | Date: _____ | Time: _____ |
| MLITSD | Date: _____ | Time: _____ |
| Police | Date: _____ | Time: _____ |

Investigation Jurisdiction. *Check all that apply.*

- Internal Organizational Investigation
- MLITSD Investigation
- Police Investigation
- Other

Injured Persons

Name and Contact

First Name: _____ Last Name: _____ Phone Number: _____

Employee Number: _____ Department/Unit: _____ Job Position: _____

Date of Incident: _____ Time of Incident: _____

Name and Contact

First Name: _____ Last Name: _____ Phone Number: _____

Employee Number: _____ Department/Unit: _____ Job Position: _____

Date of Incident: _____ Time of Incident: _____

Other:

Type of Workplace Violence Incident. Check one.

WPV Near Miss (incident occurred but WPV did not reach the employee - no injury/illness)

WPV Not Causing Harm (incident occurred - WPV reached employee - no apparent injury/illness)

WPV Causing Harm (incident occurred - WPV reached employee - causing injury/illness)

Nature of Workplace Violence Incident. Check all that apply.

- Threat to exercise physical force that could have caused physical injury
- Attempt to exercise physical force that could have caused physical injury
- Physical force that caused or could cause physical injury

Other. Specify: _____

Source of Workplace Violence Incident. Check all that apply.

- External Perpetrator (typically unknown)
- Care Recipient/Family/Visitor
- Employment Related (e.g., employee, supervisor, contract employee etc.)
- Domestic (e.g., spouse or relative of an employee)
- Uncertain
- Other

Person identified by employee as the source of the workplace violence incident

Known	First Name: _____ Last Name: _____ or Subject Identifier: _____ How is the person known? _____ Address of person if known? _____
Unknown	If unknown, describe the person: gender, height, weight, features, hair/eye colour etc.

Location of the Incident

Location was on workplace grounds/premises: Yes No

Describe the specific location of WPV incident, e.g., address, building, room, area in room or public place:

Witnesses and Contact Information

Immediate and Preventive Actions Taken Before the Investigation

Part C: Investigation

Summary of Findings

See attached physical evidence
See attached information data – source paper/electronic data
See attached interview data

Summary of Root Causes

Recommendations

See [Appendix K](#) for recommendations and implementation plan template

Communication and Follow-up of Report Findings			
Person Contacted	Date	Investigator	Comments
Injured Person			
JHSC/HSR/Union			
Worker			
Other Departments Potentially Affected			
Family			
Alleged Perpetrator			
MLITSD			
Other			

_____ Lead Investigator Signature	_____ Date
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