**Violent Incident Investigation**

The Department Head or DPO or Designee will complete the investigation into the violent incident. Further investigation and resolution of the incident is expected within seven (7) days in addition to submitting a copy of the completed investigation to DHR.

**Incident Analysis To be completed by DPO/ HR Professional:**

Has this type of incident occurred before at the workplace? □ Yes □ No

What were the main factors that contributed to the incident?

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What could have prevented or at least minimized the damage caused by this incident?

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**Post-Incident Response**

□ Yes □ No Did the employee(s) require medical attention as a result of the incident?

□ Yes □ No Did the employee(s) miss work as a result of the incident?

□ Yes □ No Did the employee(s) apply for workers’ compensation?

□ Yes □ No Was security contacted?

□ Yes □ No Was building facilities contacted?

□ Yes □ No Was immediate counseling provided to affected workers and witnesses?

□ Yes □ No Was critical incident debriefing provided to all affected staff who desired it?

**□** Yes □ No Was post-trauma counseling provided to affected staff who desired it?

□ Yes □ No Was all counseling provided by a professional counselor?

Has there been follow-up with the Employee(s)? □ Yes □ No

Is this a recurring event? □ Yes □ No

Are there modifications to be made to WVPP to reflect updated practices? □ Yes □ No

Describe updates to WVPP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigation completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_