**Sample Violent Incident Formal Investigation Report**

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| Background |  |
| Investigation Lead: | Job Title: |
| Date of Investigation: | Date of Report: |
| Date when the incident occurred:Time the incident occurred: | Where the incident occurred: |
| Emergency steps taken prior to the investigation, if any. Check all that apply.* First aid
* Medical aid
* Situation defused
* Security called
* Police called

Officer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Report #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relevant policies, laws or other guiding documents (if known): |
| Individuals involved in the incident: |
| Name:* Target
* Offender
 | Name:* Target
* Offender
 | Name:* Target
* Offender
 |
| Offenders relationship to the employee:* Co-worker
* Resident
* Known visitor
* Unknown visitor
 |
| Is this a repeat incident involving the same offender?* Yes - If yes, review any prior incident reports and completed investigations.
* No
 |
| Type/Nature of violent incident:* Engaging in actions intended to frighten, intimidate or pose a threat
* Destruction of property
* Physical assault - hitting, fighting, pushing or shoving
* Armed assault - use of object as weapon (specify)
* Armed assault - use of weapon such as gun, knife, etc. (specify)
* Other (specify)
 |
| Description of the incident, in as much detail as possible: |
| Information Sources (Attach all interviews to this investigation report) |
| Person Interviewed: | Title:Role in the incident: |
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| Documents reviewed (if applicable). Include name of document and the information relevant to the incident: |
| INVESTIGATION |
| Attach all interviews to this investigation report. |
| ANALYSIS AND FINDINGS |
| Direct Cause Checklist (Check all that apply) |
| * Inappropriate workplace behaviour
* Under the influence of alcohol and/or drugs
* Disease pathology
 | * Unacceptable social behaviours/norms
* Change in resident condition (i.e. medications, infections, etc.)
* Other – Please describe:
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| Direct Cause Analysis |
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| Indirect Cause Checklist |
| * Physical/physiological stress (i.e. fatigue)
* Mental/psychological stress
* Personal issues
* Inter-cultural differences
* Other – please describe:
 | * Inadequate leadership and/or supervision
* Environmental conditions
* Lack of knowledge
* Language barrier
* Lack of job satisfaction
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| Indirect Cause Analysis |
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| Root Cause Checklist |
| * Perceived work overload
* Inadequate communication
* Inadequate policies and/or procedures
* Inadequate equipment/materials
* Lack of control over work
 | * Inadequate support
* Ineffective conflict management
* Organizational change
* Other – please describe:
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| Root Cause Analysis |
|  |
| Corrective/Supportive Action Checklist |
| Corrective Actions for Offender:* Apology
* Warning
* Education and training
* Referral to an Employee and Family Assistance Program
* Reassignment or relocation
* Limiting access to certain areas of the organization
* Report to professional body
* Discipline
* Discharge
* Filing a complaint or criminal charges
* Other –please state:
 | Corrective Actions for the Organization:* Education and training (i.e. safety leadership training,

conflict resolution, etc)* Management commitment and administration (i.e. policies, procedures,
* Enforcement and follow-up
* Personal or group communications
* Accessing external resources (i.e. EAP)
* Review of resident care plan
* Other – please state:
 | Supportive Actions for the Target:* Refer to EAP
* Education and training
* Refer to external resources
* Debrief session
* Ongoing follow-up
* Other – please state:
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| Corrective/Supportive Action Plan(corrective and supportive actions for staff should be done in consultation with affected staff member) |
| Actions | By Whom | Target Date | Action Complete |
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|  |  |  |  |
| Report filed by: | Signature: |
| Reviewed by: | Date: |