**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: | | | | |
| 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 | | | | | |
| 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: | | | | | |
| Root Cause Analysis | | | | | | | | | |
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| 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: | |
| 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: | | | |