**Addendum A – (WVPP) Violent Incident Report**

**Violent Incident Report Instructions**

The supervisor receiving a report of workplace violence must complete this form with as much detail as possible to support an investigation. The original report must be forwarded through all appropriate levels of supervision to the HR Department Head or their Designee.

**Employee Information**

Reporting Employee:

Affected Employee(s):

Affected Employee(s) Job Title(s):

Department:

Facility/Jobsite Location:

**Incident Information**

Date incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific location and detailed description of where the incident occurred:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Definitions of Violent Incident Types**

* Type I violence: workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
* Type II violence: workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
* Type III violence: workplace violence against an employee by a present or former employee, supervisor, or manager.
* Type IV violence: workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

**Checklist of Questions After a Violent Incident**

1. Which type of person threatened or assaulted the employee(s) or visitor(s)?

Type I: □ Stranger □ Thief/Suspect □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type II: □ Client/Customer □ Passenger □ Person in Custody □ Patient □ Visitor

Type III: □ Current Co-worker □ Former Co-worker □ Supervisor/ Manager

Type IV: □ Current Spouse or Partner □ Former Spouse or Partner

□ Employee’s Friend □ Employee’s Relative

1. What type of violent incident occurred (check all that apply)?

□ Verbally Harassed □ Verbally Threatened □ Physically Assaulted □ Punched

□ Slapped □ Grabbed □ Pushed □ Choked □ Kicked □ Bitten

□ Hit with Object □ Threatened with Weapon □ Assaulted with Weapon

□ Animal Attack

□ Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was a weapon used? □ Yes □ No

Describe the incident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was/were the employee(s) or visitor(s) alone? □ Yes □ No

If not, who was/were with the employee(s) or visitor(s) that may have witnessed the incident?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were there threats made before the incident occurred? □ Yes □ No

If yes, was it ever reported to the employee’s supervisor or manager that the employee(s) was/were threatened, harassed, or was/were suspicious that the attacker may become violent?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporter Information**

Report Completed By:

Department/Job Title:

Date: Phone number:

Email:

**Addendum B – (WVPP) Violent Incident Investigation**

The WVPP Administrator or designee will complete the investigation into the violent incident. Further investigation and resolution of the incident shall be completed within a reasonable amount of time depending on the severity of the incident and time required to complete the investigation. A completed copy will be submitted to the HR Department.

**Assigned Incident #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Analysis:**

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

What were the main factors that contributed to the incident?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-Incident Response**

□ Yes □ No Did the employee(s)/guest(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 emergency services 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)/guest(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:

**Addendum C – (WVPP) Violent Incident Log**

Every workplace violence incident is reported and recorded in a violent incident log. Any element of personal identifying information sufficient to allow identification of any person involved in a violent incident will **NOT** be recorded. Such personal identifying information includes the person’s name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, could reveal the person’s identity.

The information recorded will be based on information provided by employee(s)/guest(s) involved in the incident, witness statements and other investigatory findings.

The company will review the data at least quarterly and make improvements to prevent further incidents.

The WVPP Log is available in an Excel spreadsheet and will be maintained on an annual basis.

Sample Log:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Workplace Violence Prevention Plan** | | | | |  |  |  | Year |  |  |
| **Violent Incident Log** | | |  |  | Establishment |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Incident # | Person Completing Log; Name, Tile & Date | Incident Date | Incident Time (AM/PM) | Physical Location & Classification\* | Violence Type, e.g., I stranger; II: client; III: employee (current or former); IV: Personal relationship | Incident Type, e.g., Verbal threats, Physical attack\*\* | Description of Incident | Circumstances at Time of Incident\*\*\* | Action Taken for continuing threat or other identified hazard | Police Notified Y/N |
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