### Appendix D–12:
Workplace Violence/Client Aggression Event Report Form and Investigation Tool (OSACH 2006)

#### PART 1 - EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept./Unit</td>
<td>Shift</td>
</tr>
</tbody>
</table>

Date and time of incident

Date and time incident reported

Incident reported to

**Location of incident**

- [ ] client care area
- [ ] public area on-site
- [ ] restricted area on-site
- [ ] parking lot or walkway
- [ ] community
- [ ] client’s home

Work location if off-site

Were the emergency response measures initiated?

- [ ] Yes
- [ ] No

**Please indicate the classification of the incident** (please refer to explanation provided)

- [ ] Type I (Criminal Intent) Person has no relationship to the workplace
- [ ] Type II (Client or Customer) Person is a client, visitor or family member of a client at the workplace who becomes violent toward a worker or another client; or worker becomes violent toward a client, visitor or family member of a client
- [ ] Type III (Worker-to-worker) Perpetrator is an employee or past employee of the workplace
- [ ] Type IV (Personal Relationship) Perpetrator usually has a relationship with an employee (e.g. domestic violence in the workplace)

Describe the event including persons involved

Does the person involved have a history of previous incidents?

- [ ] Yes
- [ ] No
- [ ] Don’t know

**Incident Type**

- [ ] Threat
- [ ] Physical assault
- [ ] Verbal abuse
- [ ] Discrimination or harassment
- [ ] Robbery, arson, vandalism
- [ ] Carrying a weapon
### Injury Type

- [ ] Strain or sprain
- [ ] Cut or laceration
- [ ] Contusion
- [ ] Bitten
- [ ] Pinched
- [ ] Psychological
- Other (specify)

### Was medical attention or first aid required?
- [ ] Yes
- [ ] No

If yes, provide details

### Description of incident (Please describe what happened in the space below)

<table>
<thead>
<tr>
<th>Who was involved?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What events lead up to the incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were other individuals involved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. staff, visitors, clients, etc.)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What precipitated the incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Actions taken

Please indicate concerns, issues and actions taken (e.g. initiated emergency response plan, contacted supervisor, police or security, emergency service personnel, etc.)

### Witness(es)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.  
2.  
3.  
4.  

Other Information