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

PART 1 - EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)		
Name		Position
Dept./Unit		Shift
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)		
Who was involved?		
What events lead up to the incident?		
Were other individuals involved? (e.g. staff, visitors, clients, etc.)		
What precipitated the incident?		
Other		
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)		
Name	Contact information	
1.		
2.		
3.		
4.		
Other Information		