



Addendum B – Violent Incident Investigation

The Designee will complete the investigation into the violent incident. Further investigation and resolution of the incident is expected within seven (7) days in addition to submitting a copy of the completed investigation to HR.

Incident Analysis To be completed by HR Professional:

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

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Did the employee(s) require medical attention because of the incident? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Did the employee(s) miss work because of the incident? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Did the employee(s) apply for workers' compensation? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was law enforcement contacted? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was immediate counseling provided to affected workers and witnesses? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was critical incident debriefing provided to all affected staff who desired it? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was post-trauma counseling provided to affected staff who desired it? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was all counseling provided by a professional counselor? |

Has there been follow-up with the Employee(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:
