**Violence and Harassment Investigation Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of incident | | | |
| Physical Violence Psychological Violence  Sexual Violence  Domestic Violence | | | |
| Psychological Harassment Bullying Sexual Harassment | | | |
| Was Medical attention required? Yes No If yes, give an explanation of treatment required below. (Attach any photographs to this report) | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Was the incident reported to WCB? Yes No | | | |
| Name of Complainant: | | Job Title: | |
|  | |  | |
| Date of Incident: | Time of occurrence: | | Location: |
| Mm/dd/yyy |  | |  |
| Was the incident reported to Alberta OHS? Yes No  If yes, time and date reported: | | | |
| Name of Witness(es): | | Job Title(s): | |
|  | |  | |
|  | |  | |
|  | |  | |
| Attach all witness statements to this report | | | |
| Name of person incident was reported to: | | Job Title: | |
|  | |  | |
| Name of accused Perpetrator: | | Job Title: | |
|  | |  | |
| Description of Event: (Attach any diagrams to this report) | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| Direct Cause: (Action, event or force which immediately led to the incident) | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Indirect Cause: (Not the direct cause, but a contributing factor to the outcome of the incident) | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Root Cause: (The conditions that allowed the direct/indirect causes to exist) | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Corrective Action Taken: | Completed By: | Date of completion: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Recommendation for further action: | Assigned to: | Target completion date: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Report Reviewed by: | Job Title: | Comments: |
|  | Management |  |
|  | Supervisor |  |
|  | H & S Representative |  |
|  |  |  |
|  |  |  |