**Violence and Harassment Investigation Report**

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| Type of incident |
| [ ] Physical Violence [ ] Psychological Violence [ ]  Sexual Violence [ ]  Domestic Violence |
| [ ] Psychological Harassment [ ] Bullying [ ] Sexual Harassment |
| Was Medical attention required? [ ] Yes [ ] NoIf yes, give an explanation of treatment required below. (Attach any photographs to this report) |
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| Was the incident reported to WCB? [ ] Yes [ ] No |
| Name of Complainant: | Job Title: |
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| Date of Incident: | Time of occurrence: | Location: |
| Mm/dd/yyy |  |  |
| Was the incident reported to Alberta OHS? [ ] Yes [ ] NoIf yes, time and date reported: |
| Name of Witness(es): | Job Title(s): |
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| Attach all witness statements to this report |
| Name of person incident was reported to: | Job Title: |
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| Name of accused Perpetrator: | Job Title: |
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| Description of Event: (Attach any diagrams to this report) |
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| Direct Cause: (Action, event or force which immediately led to the incident) |
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| Indirect Cause: (Not the direct cause, but a contributing factor to the outcome of the incident) |
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| Root Cause: (The conditions that allowed the direct/indirect causes to exist) |
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| Corrective Action Taken: | Completed By: | Date of completion: |
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| Recommendation for further action: | Assigned to: | Target completion date: |
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| Report Reviewed by: | Job Title: | Comments: |
|  | Management |  |
|  | Supervisor |  |
|  | H & S Representative |  |
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