



**ST. MARYS COMMUNITY LIVING AND AREA  
WORKPLACE INVESTIGATION FORM REGARDING  
INCIDENTS OF WORKPLACE VIOLENCE**

<b>Employee Name:</b>		<b>Job Title:</b>	
<b>Date of Incident:</b>	<b>Time of Incident:</b>	<b>Department:</b>	
<b>Location of Incident:</b>			
<b>Type of Incident Alleged: (please circle)</b> VIOLENCE      HARASSMENT      DOMESTIC			
<b>Medical Attention/First Aid Obtained:</b> YES      NO		<b>Police Contacted:</b> YES      NO	
<b>Investigation Conducted:</b> YES      NO		<b>Name of Investigator(s):</b>	

**INFORMATION REGARDING INVOLVED PARTIES**

<input type="checkbox"/> Person Supported	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Family
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Student	<input type="checkbox"/> Other- specify:

**NAME(S) AND CONTACT INFORMATION FOR ALL INVOLVED PARTIES INCLUDING WITNESSES:**


**INCIDENT INFORMATION:**

**Explanation of Alleged Occurrence:** (if required, please continue on back of form or attach separate sheet)



