

Conejo Valley Unified School District
Workplace Violence Supervisor Investigation Report

Instructions: Upon receiving this form, conduct a through investigation with interviews of the victim and any witnesses available. Gather photographic or video surveillance of the incident, if applicable, and attach to email to Mia Nelson. Determine if any measures can be implemented to prevent similar occurrences. If the employee was injured, provide Company Nurse hot-line information to obtain medical treatment.

I. Base Information:

Name of employee: _____ Job Title: _____

Date of incident: _____ Time: _____ Location of incident: _____

Witness Name: _____ Witness is: (Employee/Student/Other) _____ Phone Number: _____

II. Description of Workplace Violence Incident:

Provide a detailed account of the situation (leading to incident, during incident, and actions taken by employee)

III. What caused this incident?

Determine contributing factors

IV. Corrective Action(s)/Recurrence Prevention:

State practical and effective measures that can be taken to prevent a recurrence

Investigated by: (print) _____ Title: _____ Date: _____

Reviewed by: (print) _____ Title: _____ Date: _____

Management Approval: _____ Title: _____ Date: _____