

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 from all individuals involved

IV. Recurrence Prevention:

State practical and effective measures that can be taken to prevent a recurrence by the perpetrator and/or training for staff member

Investigated by: (print)

Title:

Date:

Received by: (print)

Title:

Date:

Name and Title:

Date:

Management Reviewed:

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