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# WORKPLACE VIOLENCE PREVENTION PLAN



PURPOSE AND AUTHORITY

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1. PERSON(S) RESPONSIBLE FOR IMPLEMENTING THE WPP

## 2 PROCEDURES FOR INVOLVING EMPLOYEES IN THE DEVELOPMENT AND IMPLEMENTATION OF THE WVPP

### 3 WPP IMPLEMENTATION & COORDINATION





## 5 PROCEDURES TO ENSURE EMPLOYEES COMPLY WITH THE WVPP

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Disciplinary Action

## 6 EMPLOYEE COMMUNICATION

Employer's Evaluation & Response

WORKPLACE VIOLENCE REPORTING FORM

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Situation defused	Occupational Medicine notified
Security called	Law Enforcement notified If Yes, Name of Agency and Report Number:
First Aid Received	Employee Assistance Program Resources Provided
Other (specify)	

*Include what happened, where, who was involved, what was heard, seen, etc. Also include the circumstances at time of incident (i.e.: was the employee completing usual job duties, was the area poorly lit, was the work being rushed, was the employee working during a low staffing level, was the employee isolated/alone, was the employee able to get help/assistance, was the employee working in a community setting, was the employee working in an unfamiliar/new location, other – please explain).*

Signature	Date
Person Receiving Witness Statement	Date

Yes	No	Name	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	[APPLICABLE CONTACT/DEPT]		
<input type="checkbox"/>	<input type="checkbox"/>	[APPLICABLE CONTACT/DEPT]		





## 7. RESPONDING TO WORKPLACE VIOLENCE EMERGENCIES

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## 8 EMPLOYEE TRAINING

## 9. HAZARD IDENTIFICATION AND EVALUATION

## 10 HAZARD CORRECTION

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## 11. RECORDKEEPING



Copy to Director of Public Safety and Vice President of Human Resources