

Workplace Violence Post-Event

Incident Type:	
Location of Event:	
Date of Event:	
Date of Debrief:	
Staff Involved:	

How are you? How are you coping?

List or describe what was successful or worked well during the event:
<ul style="list-style-type: none">••••••

List or describe what you thought was NOT successful or did not work well during or after the event:
<ul style="list-style-type: none">••••••

Recommendations for improvement for future events:

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Next Steps:

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Huddle Participants:

Follow-up with debrief participants on actions taken:

Date: _____ **Time:** _____

By: _____