**Workplace Violence Incident Report**

To be completed by the individual investigating the incident. Return completed form within 2 days following incident to Human Resources.  **Attach witness statements to this form.**

|  |  |
| --- | --- |
| Report submitted by:       | Date:       |
| General Description:       | Telephone:       |

|  |  |
| --- | --- |
| Date of Incident:       | Time:       |
| Address/Location of Incident:       |

**Individuals involved in the incident (use additional sheet(s) if necessary)**

|  |  |
| --- | --- |
| Name:       | Name:       |
| [ ]  Victim or [ ]  Assailant | [ ]  Victim or [ ]  Assailant |
| Title:       | Title:       |
| Division:       | Division:       |
| Phone:       | Phone:       |
| Immediate Supervisor:       | Immediate Supervisor:       |

**Assailant Relationship to Employee**

|  |  |
| --- | --- |
| [ ]  Co-worker | [ ]  Former Employee |
| [ ]  Other (specify)       |

**Possible Reason for Incident: (If known, check all that apply)**

|  |  |
| --- | --- |
| [ ]  Conflict with co-worker(s)/former co-worker | [ ]  Receiving corrective action |
| [ ]  Conflict with management | [ ]  Other (specify)       |

**Nature of Incident**

|  |
| --- |
| [ ]  Stalking |
| [ ]  Engaging in actions intended to frighten, coerce, or induce duress |
| [ ]  Destruction of Property |
| [ ]  Phyisical Assault - Hitting, fighting, pushing, or shoving |
| [ ]  Armed Assault - Use of object as weapon (specify)       |
| [ ]  Armed Assault - Use of weapon such as gun, knife, etc. (specify)       |
| [ ]  Verbal Harassment |
| [ ]  Sexual Harassment |
| [ ]  Other (specify)       |

**How was the incident communicated? (Check one or more)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Communicated directly to victim | [ ]  Verbal | [ ]  Mail | [ ]  Note | [ ]  Email |
| [ ]  Communicated to another person | [ ]  Verbal | [ ]  Mail | [ ]  Note | [ ]  Email |
| [ ]  Other (specify)       |

**Victim Injury (Check all that apply)**

|  |
| --- |
| [ ]  Physical injury |
| [ ]  Physical Injury - Medical care required |

**Initial Response or Follow up Activity: (Check all that apply)**

|  |  |
| --- | --- |
| [ ]  Situation defused | [ ]  Occupational Medicine notified |
| [ ]  Security called | [ ]  Law Enforcement notifiedIf Yes, Name of Agency and Report Number:       |
| [ ]  Other (specify)       | [ ]  Employee Assistance Program referral |

|  |  |
| --- | --- |
| **Describe Incident in Detail** *Include what happened, where, who was involved, what you heard, saw, etc.*

|  |
| --- |
|       |

 |
| **List Names of Other Witnesses**

|  |
| --- |
|       |

 |
| Signature Date |
| Person Receiving Witness Statement Date |

**Routing**

*Yes No Name Signature Date*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | [ ]  | Group Manager |  |  |
| [ ]  | [ ]  | Associate Director/Department Head |  |  |
| [ ]  | [ ]  | Security Manager |  |  |
| [ ]  | [ ]  | EAP |  |  |

**Upon completion of investigation, attach a findings/follow-up document to this form.**