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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)

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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
☐ N/A

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

☐ Situation defused	☐ Human Resources notified
☐ Safety and Security called	☐ Law Enforcement notified If Yes, Name of Agency and Report Number:
☐ Other (specify)	☐ Employee Assistance Program referral

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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*
☐	☐	Human Resources		
☐	☐	Employee		
☐	☐	Safety Department		
☐	☐	EAP/Outside Agency		

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