**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 | Medical Assistance Required |
| Security called | Law Enforcement notified  If 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*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Responsible Party 1 |  |  |
|  |  | Responsible Party 2 |  |  |
|  |  | Responsible Party 3 |  |  |
|  |  | Responsible Party 4 |  |  |

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