ADM-362

DEPARTMENT OF ENVIRONMENTAL PROTECTION WORKPLACE VIOLENCE INCIDENT REPORT

<u>INSTRUCTIONS</u> - Submit original to Division of Human Resources, Office of Labor Relations, 440 E. State Street, PO Box 408, Trenton, NJ 08625-0408 or FAX to (609)633-7689 within **24 hours** of the incident.

Note: Please complete individual reports for each victim.	Location of Incident:
Victim's Name:	
DEP Employee:YesNo	
If no, complete the following:	
Address:	
	Date of Incident:
Home Telephone #: ()	Time of Incident:
Work Telephone #: ()	_
Name of perpetrator, if known:	
DEP Employee: YesNo.	
Please describe what happened:	

Was the victim injured? Yes No. If Yes, please describe nature of injuries:		
Was medical treatment provided?Yes1	No. If Yes, please ider	ntify place of medical treatment:
Were police called to respond to the incident? If Yes, v	which police department	t?
Name of investigating officer:Was perpetrator taken into custody at the scene of the in	ncident? Yes	 No
WITNESS	INFORMATIO	N
DEP EMPLOYEES		OTHER
Name: Work Telephone #: ()	Name: Address:	
, , , , , , , , , , , , , , , , , , ,	Telephone #: ()
N	N	
Name: Work Telephone #: ()	Name: Address:	
work relephone #. ()	Telephone #: ()
Name:	Name:	
Work Telephone #: ()	Address:	
	Telephone #: ()
Name:	Name:	
Work Telephone #: ()	Address:	
, one recognision in ()	Telephone #: ()
Additional Comments:		
Name of Person Completing the Incident Report:		Discourage of the second of th
	(Plea	se Print)
	(Sig	nature)
Telephone Number	(Date)	(Time)