

**NEW JERSEY OFFICE PUBLIC DEFENDERS
WORKPLACE VIOLENCE
INITIAL INCIDENT REPORT FORM**

INSTRUCTION: ITEMS 1 THROUGH 5 ARE TO BE COMPLETED BY THE WORKSITE MANAGER AND SENT TO ASSISTANT PUBLIC DEFENDER JANICE ANDERSON WITHIN 24 HOURS OF AN INCIDENT OF VIOLENCE IN THE WORKPLACE. A COPY OF THE FORM SHOULD BE MAINTAINED AT THE WORKSITE. THE SUPPLEMENTAL INCIDENT REPORT FORM IS TO BE COMPLETED WITHIN 10 DAYS OF THE INCIDENT AND SUBMITTED TO ASSISTANT PUBLIC DEFENDER JANICE ANDERSON. YOU MAY AMEND INITIAL REPORT IF APPROPRIATE WHEN COMPLETING SUPPLEMENTAL REPORT.

1. INDIVIDUALS/PROPERTY INVOLVED IN INCIDENT:

a. VICTIM'S NAME: _____ JOB TITLE: _____

REGION/OFFICE: _____ WORK LOCATION: _____

Additional victim name(s): _____
(Please note separate reports will need to be completed for each victim)

b. PROPERTY DAMAGED: YES NO

(please describe): _____

2. INCIDENT INFORMATION:

Date: _____ Time: _____ Location (if different from above): _____

Incident Type **Threats and Threatening Behavior** **Harassment and Intimidation**
(Check all that apply) **Physical Assault or Property Damage**

Other (please specify): _____

Describe incident: _____

Weapon involved: YES NO If yes, please describe: _____

Any of the victims injured: YES NO Name(s) _____

Specify injury: _____

Police Response Sought: YES NO Name of Police Dept.: _____

3. PERPETRATOR INFORMATION:

Check One: **Intruder** **Client** **Former Employee**
 Current Employee **Supervisor/Manager** **Family/Friend of Employee**

Other: _____ Perpetrator's name (if known) _____

4. IMMEDIATE ACTION TAKEN:

Who was notified:
Employee received medical attention: YES NO If yes, describe

Employee or coworkers offered counseling: YES NO EAS or other

Corrective Action Taken: YES NO If yes, describe: _____

5. FORM COMPLETION:

Employee completing form: _____ Date: _____
Signature of worksite Manager: _____ Date: _____
Printed Name of Worksite Manager: _____

**New Jersey Office of the Public Defender
Workplace Violence
Supplemental Report Form**

1. **INITIAL REPORT DATE** _____

2. **FURTHER ACTION/NOTIFICATION** Was any further action taken by the site manager:

YES NO If yes, specify: _____

Has victim or coworkers had any counseling or supportive help since the incident:

YES NO If yes, who provided counseling: _____

Was the bargaining unit representative notified: YES NO

Who? _____

Incident disposition: No Action Taken Arrest Disciplinary Action Request
(Check all that apply)

Other: _____

3. **ADDITIONAL INFORMATION**

Did victim lose any work days: YES NO Specify: _____

Did victim indicate that an incident might occur: YES NO If yes, describe:

Has this type or similar incident(s) happened previously to victim while at this location?

YES NO Specify: _____

What does victim feel can be done in the future to avoid such an incident?

Was this perpetrator involved in previous incidents: YES NO If yes, specify:

What steps have been taken to prevent similar incidents (specify); _____

Has any other corrective action been taken (specify): _____

4. **COMMENTS:** _____

5. **FORM COMPLETION:**

Employee Completing Form: _____ Date: _____

Signature of Worksite Manager: _____ Date: _____

Printed Name of Worksite Manager: _____ Date: _____