## Office of the Secretary of Higher Education WORKPLACE VIOLENCE INCIDENT REPORT

Instructions: Sections 1-6 to be completed by the supervisor/employee and given or emailed to the Director, Executive Services within 24 hours of an incident of workplace violence. A copy should be maintained at the originating office. 1. Incident ☐ AM Date: \_\_\_\_/ \_\_\_\_ / \_\_\_\_ Time:\_\_\_:\_\_ PM Location: Type: [ ] Physical Attack [ ] Threat [ ] Verbal abuse or harassment Weapon Involved? [ ] YES [ ] NO If yes, please describe: Description (Describe incident in detail. Attach additional sheets and witness statements): 2. Victim(s) Title: Unit: \_\_\_\_\_ Work Location: \_\_\_\_ Injured?: [ ] YES [ ] NO If yes, please describe injury: \_\_\_\_\_ [ ] NO If yes, please describe: Medical attention?: [ ] YES Location of treatment First time victim?: [ ] YES [ ] NO If no, briefly describe previous incidents: If more than one victim, please attach additional sheets and provide this information on each victim. 3. Property Damage Was property damaged? [ ] YES [ ] NO If yes, please describe damages:

HR-007 Continued

Name (If known): Involved in previous incidents?: [ ] YES			
involved in previous moderns:.[] TEO	[]110		
		ii yes, piedse give details.	
lanagement Response			
-		M. C. I.	
Parties Notified: [ ] Family [ ] OSHE HR	[ ] Divisi	on Mgt. [ ] Union Rep Name of union rep	resentative
[ ] Police:	Name of de	[ ] Other:	
	[]NO		
Accident Report (RM2) Filed?:			
Accident Report (RMZ) Filed?.	[]153	[ ] NO Attach copy if available.	
Other Actions Taken (Please describe):			
Report Completed By Supervisor		Report Completed By Employee	
Name:		Name:	-
Title:		Title:	
/	_/_		
Signature Date		Signature	Date
Work Phone: ( )		Work Phone: ()	
		E SERVICES USE ONLY	
At	ttach addit	ional sheets if necessary	
Investigation:	<u>—</u>		
Action:			
Action.			
EAS Referrals (Names/Dates):	_		