

**NEW JERSEY CASINO CONTROL COMMISSION  
WORKPLACE VIOLENCE INCIDENT REPORT FORM PART 1**

**INSTRUCTIONS: PART 1 IS TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR OR UNIT MANAGER AND SUBMITTED TO THE CHIEF OF STAFF OR DESIGNEE WITHIN 24 HOURS OF THE INCIDENT. PART 2 IS TO BE COMPLETED WITHIN 10 DAYS OF THE INCIDENT AND SUBMITTED TO THE CHIEF OF STAFF OR DESIGNEE. PART 1 MAY BE AMENDED, IF APPROPRIATE, WHEN COMPLETING PART 2.**

**PART 1**

**1 INDIVIDUALS/PROPERTY INVOLVED IN INCIDENT**

**A. VICTIM'S NAME:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_  
**DIVISION/UNIT:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_

**Additional victim name(s):**

*(Please note separate reports will be needed for each victim)*

**B. PROPERTY DAMAGED:**      **YES**                      **NO**

**2 INCIDENT INFORMATION:**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_  
*(If different than above)*

**Incident Type**                      **Threats and/or threatening behavior**                      **Harassment and intimidation**  
   **Physical assault of property damage**                      **Other (please specify):**

**Describe Incident:**

**Weapon Involved**                      **YES**                      **NO**

**If yes, Specify:**

**Victims Injured**                      **YES**                      **NO**

**Specific Injury:**

**Police Response:**                      **YES**                      **NO**                      **POLICE DEPARTMENT:** \_\_\_\_\_

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**3 PERPETRATOR INFORMATION:**

Type:	<input type="checkbox"/> Intruder	<input type="checkbox"/> Client	<input type="checkbox"/> Current Employee	_____
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Manager	<input type="checkbox"/> Former Employee	_____
			<input type="checkbox"/> Family/Friend of Employee	_____

Perpetrator's Name: \_\_\_\_\_

**4 IMMEDIATE ACTION TAKEN:**

Who was notified: \_\_\_\_\_

Medical Attention:       YES                       NO

If yes, describe:

Counseling Offered       YES                       NO                       EAS

Corrective Action       YES                       NO

If yes, Describe:

**5 FORM COMPLETION**

Employee completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor/Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW JERSEY CASINO CONTROL COMMISSION  
WORKPLACE VIOLENCE INCIDENT REPORT FORM PART 2**

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**PART 2**

**6 FURTHER ACTION/NOTIFICATION**

Was any further action taken by the Supervisor/Unit Manager YES      NO

If yes, specify:

Have victim or co-workers had counseling or supportive help since incident: YES      NO

If yes, specify:

Incident disposition:      Take No Action      Arrest  
   Disciplinary Action Request      Other:

**7 ADDITIONAL INFORMATION**

Did the victim lose any work days: YES      NO

If yes, specify:

Did the victim indicate that an incident might occur: YES      NO

If yes, specify:

Has this type of incident happened previously to victim while at this location: YES      NO

If yes, specify:

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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:

Has any other corrective action been taken:

YES

NO

If yes, specify:

**8 COMMENTS**

**9 FORM COMPLETION**

Employee completing form:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Unit Manager:

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor/Unit Manager:

\_\_\_\_\_ Date: \_\_\_\_\_