



DEPARTMENT OF HUMAN SERVICES

OFFICE OF HUMAN RESOURCES ADMINISTRATION

WORKPLACE VIOLENCE INCIDENT REPORT

| INCIDENT | | |
|---|------|----------|
| Date | Time | Location |
| Type <input type="checkbox"/> Physical Attack <input type="checkbox"/> Threat <input type="checkbox"/> Verbal Abuse or Harassment | | |
| Weapon Involved <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | |
| Was there advance warning that incident might occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | |
| Please describe the incident (attach additional sheets and witness statements as appropriate and necessary): | | |

| VICTIM * | |
|--|---------------|
| Name | Title |
| Unit | Work Location |
| Injured? Yes No If yes, please describe injury: | |
| Medical Attention? Yes No If yes, please describe type of treatment and location where it was provided: | |
| First Time Victim? Yes No If no, briefly describe previous incidents: | |

**** IF MORE THAN ONE VICTIM, USE A SEPARATE PAGE FOR EACH.***

PROPERTY DAMAGE

Was there property damage?

Yes No If yes, please describe the damages:

ALLEGED PERPETRATOR

Alleged Perpetrator (check one)

Intruder Former Employee Family/Friend of Employee
Client Current Employee Other

Name (if known)

Involved in previous incidents?

Yes No If yes, please describe:

Name of Individual Completing Report: (PRINT)

Title:

Signature

Date:

Work Telephone Number:

MANAGER OR SUPERVISOR USE ONLY

(RESPONSE TO BE COMPLETED BY MANAGER OR SUPERVISOR)

Parties notified:

Family

Human Resources

Division Management

Police:

(Department)

(Investigating Officer)

Police report filed?

Yes

No

Attach copy if available.

Accident report filed?

Yes

No

Attach copy if available.

Please describe any other actions taken:

Name of Individual Completing Report: (PRINT)

Title:

Manager/Supervisor Signature

Date:

Work Telephone Number:

HUMAN RESOURCES USE ONLY

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

Investigation:

Action:

EAS Referrals (names and dates):

Name

Date