

4. Alleged Perpetrator

Check one: Intruder Client Former Employee Current Employee

Family/Friend of Employee Other: _____

Name (If known): _____

Involved in previous incidents?: YES NO If yes, please give details:

5. Management Response

Parties Notified: Family OSHE HR Division Mgt. Union Rep. _____
Name of union representative

Police: _____ Other: _____
Name of department

Police Report Filed?: YES NO **Attach copy if available.**

Accident Report (RM2) Filed?: YES NO **Attach copy if available.**

Other Actions Taken (Please describe):

6. Report Completed By Supervisor

Name: _____

Title: _____

Signature Date

Work Phone: (____) _____

Report Completed By Employee

Name: _____

Title: _____

Signature Date

Work Phone: (____) _____

EXECUTIVE SERVICES USE ONLY

Attach additional sheets if necessary

Investigation: _____

Action: _____

EAS Referrals (Names/Dates): _____

Name: _____

Date: _____