



Department of Law & Public Safety

Workplace Violence Incident Report

Instructions: Sections 1-6 to be completed by the worksite manager/employee and given to Human Resources within 24 hours of incident of workplace violence. A copy should be maintained at the worksite.

1. Incident		
Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location:
Type: <input type="checkbox"/> Threat <input type="checkbox"/> Harassment	<input type="checkbox"/> Threatening Behavior <input type="checkbox"/> Property Damage (see #4)	<input type="checkbox"/> Verbal Abuse or Intimidation <input type="checkbox"/> Physical Assault
Weapon Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
Any advance indication that incident might occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Description (Describe incident in detail. Attach additional sheets and witness statements):		
2. Victim(s)		
Name:	Title:	
Unit:	Work Location:	
Injured?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	
Medical Attention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Treatment:	If yes, please describe:
First Time Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, briefly describe previous incidents:	
If more than one victim, please attach additional sheets and provide this information on each victim.		

3. Alleged Perpetrator

Check one: Current Employee Former Employee Client Intruder
 Family/Friend of Employee Other: _____

Name (If known): _____

Involved in previous incidents?: Yes No If yes, please give details:

Was alleged perpetrator injured?: Yes No If yes, please give details:

4. Property Damage

Was property damaged?: Yes No If yes, please give details:

5. Management Response

Parties Notified: Family CSC HR Division Mgt.
 Police: _____ Other: _____

Police Report Filed?: Yes No **Attach copy if available.**

Accident Report Filed?: Yes No **Attach copy if available.**

Other Actions Taken (Please describe):

6. Report Completed By Manager

Name: _____

Title: _____

Signature _____ Date _____

Work Phone: _____

Report Completed By Employee

Name: _____

Title: _____

Signature _____ Date _____

Work Phone: _____

HUMAN RESOURCES USE ONLY (Attach additional sheets if necessary)

Investigation:

Action:

EAS Referrals (Names/Dates):

Name:

Date: