

**N.J. Department of the Treasury**  
**WORKPLACE VIOLENCE INCIDENT REPORT**  
*(Fillable PDF Version)*

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

**1. Incident**

Date: \_\_\_ / \_\_\_ / \_\_\_      Time: \_\_\_:\_\_\_       AM  
 PM      Location: \_\_\_\_\_

Type:      Physical Attack      Threat      [ ] Verbal abuse or harassment

Weapon Involved?    [ ] YES    [ ] NO    If yes, please describe:

Any advance indication that incident might occur? [ ] YES      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? [ ] YES    [ ] NO    If yes, please describe injury:

Medical attention? [ ] YES    Location of treatment \_\_\_\_\_    [ ] NO

If Yes, please describe:

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:

**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  Treasury 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 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: \_\_\_\_\_