



Workplace Violence Prevention Incident Report Form

Part I through Part V should be completed by the employee reporting the incident and forwarded to his/her supervisor and the agency's Human Resources Liaison.

PART I - NATURE OF INCIDENT - (Check all that apply)

Threat/Incident: Verbal Written Electronic Harassment

Physical with Injury Physical without Injury

Behavioral Observation Information Only

Other (Please Describe):

Date of Incident: _____ Approximate Time: _____ a.m. p.m.

Description of observation, threat, incident, or activity. Continue on separate sheet of paper if necessary.



PART II - INCIDENT DIRECTED AT

Person(s): _____

Place: _____

Structure: _____

(Type and Location of Structure)

PART III - INCIDENT INITIATED/COMMITTED BY

Person(s): _____

Check all that apply: Male Female Employee Visitor Contractor

Patient Student Other: _____

Title: _____ Phone Number: _____

Department/Division: _____

PART IV - TYPE/LOCATION INCIDENT OCCURRED

Type of Contact:

In person Telephone Mail Observation Recording

E-Mail Fax Other: _____

Was the employee alone? Yes No

Location of Incident:

Worksite Other: _____



Address/Location where incident occurred:

(Street, City, State, Zip Code)

Were any threats made before the incident occurred? Yes No

Did the employee(s) ever report to the department that he/she was threatened, harassed, or suspicious that the responsible person may become violent? Yes No

Was a weapon used? Yes No

If yes, what type of weapon? _____

Were there injuries? Yes No

If yes, who was injured?

1) Name: _____ Phone: _____

Injury Description: _____

2) Name: _____ Phone: _____

Injury Description: _____

3) Name: _____ Phone: _____

Injury Description: _____



Witnesses(s) to the incident:

1) Name: _____ Phone: _____

Address: _____

(Street, City, State, Zip Code)

2) Name: _____ Phone: _____

Address: _____

(Street, City, State, Zip Code)

3) Name: _____ Phone: _____

Address: _____

(Street, City, State, Zip Code)

PART V - ACTION TAKEN: SUPERVISOR/OTHER AUTHORITY

What action was/has been taken by the Supervisor/Other Authority?

Law enforcement or other outside agencies contacted? Yes No

Agency Name: _____

Case Number (If Applicable): _____

Was Employee Assistance Program services offered? Yes No

If yes, when? _____



Completed By:

Name: _____ Date: _____

Signature: _____

Title: _____

Phone Number: _____

Department/Division:

Submit this form to:

- 1) Your immediate Supervisor
- 2) Your Human Resources Liaison



Part VI should be completed by the Supervisor following the investigation and full written report of the reported incident.

PART VI - RECOMMENDED ACTION

To be completed by the Supervisor

Completed By:

Name: _____ Date: _____

Signature: _____

Title: _____ Phone Number: _____

Department/Division: _____