



Incident Assessment Team

Date received: _____

Initials: _____

WORKPLACE VIOLENCE INCIDENT REPORT

To be completed by the individual investigating the incident. File immediately with Human Resources.
Attach victim/witness statements to this form. Be as detailed as possible. Include names of all parties involved if available.

Report submitted by:	Date:
Title:	Telephone:

Date of Incident:	Time:
Address/Location of Incident:	

Individuals involved in the incident (use additional sheets if necessary for multiple victims/assailants):

Victim Name:	Assailant Name:
Title:	Address:
Department:	Phone Number:
Phone Number:	
Immediate Supervisor:	Relationship to Victim:

Assailant Relationship to Employee

<input type="checkbox"/> Co-worker	<input type="checkbox"/> Customer/Client
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Person In Custody
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Stranger
<input type="checkbox"/> Spouse/Family Member	<input type="checkbox"/> Other

Reason for Incident (check all that apply):

<input type="checkbox"/> Conflict with co-worker(s)/former co-worker	<input type="checkbox"/> Alcohol/drugs in the workplace
<input type="checkbox"/> Conflict with supervisor	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Family/domestic dispute	<input type="checkbox"/> Reduction in force
<input type="checkbox"/> Receiving a poor performance appraisal	<input type="checkbox"/> Demotion
<input type="checkbox"/> Receiving disciplinary action	<input type="checkbox"/> Dismissal
<input type="checkbox"/> Racial tension	<input type="checkbox"/> Resisting Arrest
<input type="checkbox"/> Other (specify)	

Type of Incident (Check one or more):

Threat

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify)				

Intimidation

<input type="checkbox"/> Stalking
<input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress
<input type="checkbox"/> Other (specify)

Physical Attack

<input type="checkbox"/> Hitting, fighting, pushing, or shoving
<input type="checkbox"/> Use of object as weapon (specify)
<input type="checkbox"/> Use of weapon such as gun, knife, etc. (specify)
<input type="checkbox"/> Other (specify)

Check if victim sustained physical or traumatic/emotional injury in any of the following categories:

<input type="checkbox"/> Physical injury	<input type="checkbox"/> Trauma/Emotional injury
<input type="checkbox"/> Medical care required	<input type="checkbox"/> Death

Initial Response: (Check all that apply)

<input type="checkbox"/> Situation defused	<input type="checkbox"/> Medical Director notified
<input type="checkbox"/> Security called	<input type="checkbox"/> Member Assistance Team notified
<input type="checkbox"/> Workplace Violence Coordinator notified	<input type="checkbox"/> Employee Assistance Program referral
<input type="checkbox"/> Law Enforcement notified	
If Yes, Name of Agency and Report Number:	
<input type="checkbox"/> Other (specify)	

Follow-up Response: (Check all that apply)

<input type="checkbox"/> Medical treatment provided to victim	<input type="checkbox"/> Victim referred to counseling
<input type="checkbox"/> Medical treatment provided to assailant	<input type="checkbox"/> Assailant referred to counseling
<input type="checkbox"/> Workers' Compensation claim filed	<input type="checkbox"/> Other

Description of Incident (include description of any injuries):

Describe security measures taken and/or steps taken to diffuse the situation up to the time of completing the report:

Victim/Witness Account Form

To be completed by victims of or witnesses to alleged workplace violence. Reproduce as needed.

Date of Incident	Name Victim <input type="checkbox"/> Witness <input type="checkbox"/>	Date of Report
Address of witness/victim		Phone Number
Describe Incident in Detail. Include what happened, where, who was involved, what you heard, saw, etc.		
List Names of Other Witnesses		
Signature:		Date
Person Receiving Witness Statement:		Date