



Workplace Violence Incident Report

This form is to be completed by the designated employee investigating the incident and filed immediately with Human Resources. Any victim, assailant, or witness statements, along with any other pertinent documents to the investigation, should be attached.

Please print legibly, provide all the information requested below, and complete the entire form.

Investigating Employee: _____ Date: _____

Title: _____ Department: _____

Telephone: (____) ____-____ Date of Incident: ____/____/____

Time: ____:____

Location of Incident: _____
Street City State Zip

Type of Incident Reported (Check all that apply):

Harassment Physical/Verbal Abuse Stalking violating a Restraining Order

Threatening Communications (Written) Threatening Communications (Verbal)

Domestic Violence Fighting Use of a deadly weapon or item as a weapon

Engaging in activities that are intended to frighten, coerce, or induce duress

Other (Explain) _____

Reason for Incident (Check all that apply):

Conflict with current or former co-worker(s) Alcohol or drug related Mental Health

Conflict with Supervisor or Department Head Hostile response to Disciplinary Action

Reaction to a demotion, reduction in force, or other form of termination

Family/domestic dispute Receiving a poor performance appraisal Racial tension

Resisting Arrest Other (Explain) _____

Injuries (Check all that apply): Physical Injury Trauma/Emotional Injury Death

Brief Description of Incident: _____

Victim Information: Information should be gathered by the investigating employee from the victim. The victim should record a brief description of the incident in the space provided below.

Victim Name: _____
Last First Middle

Department of Victim: _____ Title of Victim: _____

Victim's Phone Number: (____) _____ - _____

Address of Victim: _____
Street City State Zip

Relationship to Assailant: ___ Co-worker/former employee ___ Customer/Client ___ Supervisor
___ Person In Custody ___ Stranger ___ Spouse ___ Family Member ___ Other

Victim's Brief Description of Incident: _____

Assailant Information: Information should be gathered by the investigating employee from the assailant. The assailant should record a brief description of the incident in the space provided.

Assailant's Name: _____
Last First Middle

Department of Assailant: _____ Title of Assailant: _____

Assailant's Phone Number: (____) _____ - _____

Address of Assailant: _____
Street City State Zip

Relationship to Victim: ___ Co-worker/former employee ___ Customer/Client ___ Supervisor
___ Person In Custody ___ Stranger ___ Spouse ___ Family Member ___ Other

Assailant's Brief Description of Incident: _____

Witness Account: If a witness is discovered or comes forward, he or she should complete this section of the form and provide a brief description of what he or she heard, saw, and felt.

Name: _____
Last First Middle

Date of Incident: ___ / ___ / ___ Reported Date: ___ / ___ / ___

Department: _____ Title: _____

Witness Phone Number: (_ _ _) _ _ - _ _ _ _

Address of Witness: _____
Street City State Zip

Brief Description of Incident: _____

