

# WORKPLACE VIOLENCE INCIDENT REPORT

The supervisor receiving a report of workplace violence must complete this form with as much detail as possible to support an investigation. Please complete and return to Human Resources within 24 hours of the next business.

Employee's Full Name:

Full Address:

City/State:

Zip Code:

Phone Number:

Email Address:

Home Department:

Job Title:  Type 1 violence - Workplace violence committed by a person who has no legitimate business in the workplace or approaches employees with violent acts by anyone who enters the workplace or approaches employees with intent to commit a crime.

Type 2 violence - Workplace violence directed at employees by customers, clients, patients, or visitors.

Type 3 violence - Workplace violence against an employee by a present or former employee, supervisor, or manager.

Type 4 violence - Workplace violence committed in the workplace by a person doing business with the organization.

- |   |   |  |  |  |                                  |
|---|---|--|--|--|----------------------------------|
|   | <input type="checkbox"/> Stranger               | <input type="checkbox"/> Thief/Suspect         | <input type="checkbox"/> Other               |  |                                  |
| <input checked="" type="checkbox"/> Type 2 violence - | <input type="checkbox"/> Client/Customer        | <input type="checkbox"/> Student               | <input type="checkbox"/> Passenger           | <input type="checkbox"/> Person in Custody   | <input type="checkbox"/> Visitor |
| <input checked="" type="checkbox"/> Type 3 violence - | <input type="checkbox"/> Current Co-worker      | <input type="checkbox"/> Former Co-worker      | <input type="checkbox"/> Supervisor/ Manager |  |                                  |
| <input checked="" type="checkbox"/> Type 4 violence - | <input type="checkbox"/> Current Spouse/Partner | <input type="checkbox"/> Former Spouse/Partner | <input type="checkbox"/> Employee's Friend   | <input type="checkbox"/> Employee's Relative |                                  |

What type of violent incident occurred (check all that apply)?

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Threat     | <input type="checkbox"/> Verbal                 | <input type="checkbox"/> Written               |
| <input type="checkbox"/> Electronic | <input type="checkbox"/> Physical w/ Injury     | <input type="checkbox"/> Physical w/out injury |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Behavioral Observation | <input type="checkbox"/> Animal Attack         |

Assaulted/Threatened with Weapon

Other:

Description of observation, threat, incident, or activity (i.e. punched, slapped, grabbed,

