

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 or the next business.

Employee's Full Name:

Full Address:

City/State:

Zip Code:

Phone Number:

Email Address:

Home Department:

Job Title:

Employment Status (select one):

FULL-TIME

PART-TIME

STUDENT

INCIDENT DETAILS

Date of Incident:

Time of Incident:

AM/PM

Time Shift Began:

AM/PM

Location of Incident (i.e. empty hallway, warehouse bathroom etc.):

Definition of Violent Incident Types:

- Type 1 violence - Workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.
- Type 2 violence - Workplace violence directed at employees by vendors, customers, students, 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 who does not work there but has or is known to have had a personal relationship with an employee.

Which type of person threatened or assaulted the employee(s)?

- Type 1 violence - Stranger Thief/Suspect Other
- Type 2 violence - Vendor Customer Student Visitor
- Type 3 violence - Current Co-worker Former Co-worker Supervisor/Manager
- Type 4 violence - Current Spouse/Partner Former Spouse/Partner Employee's Friend Employee's Relative

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

- Threat Verbal Written
- Electronic Physical w/ Injury Physical w/out Injury
- Harassment Behavioral Observation Animal Attack
- Assaulted/Threatened with Weapon
- Other:

Description of observation, threat, incident, or activity (i.e. punched, slapped, grabbed, bitten etc.) Please be as descriptive as possible with as much detail as possible. Continue on a separate sheet of paper if necessary.

Was a weapon used? YES NO If "Yes, what type?"

Were any threats made before the incident occurred? YES NO

If yes, please provide details below on how it was reported and when.

Were there any witnesses/another person involved in the incident? YES NO

If "Yes", please attach statements written from each witness.

Name:

Name:

ACTION TAKEN

Were law enforcement or other outside agencies contacted? YES NO

If "Yes", what is the agency name?

Case number, if applicable:

Describe the action taken by reporting supervisor.

REPORTER INFORMATION

Report Completed By:

Phone Number:

Job Title:

Email:

Reporter Signature:

Date: