

WORKPLACE VIOLENCE INCIDENT REPORT

VICTIM INFORMATION

Name _____

Gender: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Last First MI Title: _____

Employee ID: _____ Gender: _____

Cell Phone: _____ Work Phone: _____ Work Location: _____

Work Address: _____

INCIDENT INFORMATION

Date of Incident: ____/____/____ Time of Incident: _____ AM PM

Occurrence: _____

Exact Location of Incident: _____

Did the Incident involve Electronic Media and/or Telephone? Yes No

Incident Type: Physical Abuse Verbal Abuse Other

Name of Assailant(s)/Antagonist(s) (if employee, indicate name/title/work location):

Description of Incident:

Nature and Extent of Injuries, if any:

WITNESS INFORMATION

Name(s)/Title(s) of any Witnesses: _____

Name (Print) Title _____

ADDITIONAL INFORMATION Report Completed by: _____

Title: _____

Name (Print) Are you the Victim? Yes No Signature: _____

Date: ____/____/____

Date Incident was Reported: ____/____/____

Time Incident was Reported: _____ AM PM

Supervisor Notified: Yes No Date: ____/____/____ Time: _____ AM PM

Supervisor's Name: _____ Title _____

Other Person Notified: Yes No Date: ____/____/____ Time: _____ AM PM

Name: _____

Title _____

Additional Relevant Information:

