

Workplace Violence Log



Is this an emergency?

Yes No

IF YES → CALL 911!

Date of Violence: _____ Time of Violence: _____ AM PM

Name of school/campus where workplace violence occurred:

Do you know the location where the violence incident occurred?

Yes No

If yes, provide details of the location below (Room Number, Building Number, etc.):

Describe the threat of violence: (check all that apply)

- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury
- Behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose
- Threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury
- Verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts
- Other type of violence

If other, describe the threat of violence below:

Select the violence type (as described in Labor Code): (check all that apply)

- "Type 1 violence," which means 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 workers with the intent to commit a crime
- "Type 2 violence," which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors
- "Type 3 violence," which means workplace violence against an employee by a present or former employee, supervisor, or manager
- "Type 4 violence," which means 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

Classification of who committed the violence: (check all the apply)

- Coworker Employee Family of Friend of Employee
- Family of Friend of Student Manager or Supervisor Spouse or Partner of Employee
- Stranger with Criminal Intent Student Other Person(s)

If other person, classify the person(s) who committed the workplace violence in the space below:

Do you have information about the perpetrator of this workplace violence?

Yes No

Submit form to: We-Tip Workplace Violence at <https://mobile.catapultems.com/oxnard-sd/Internal>

If yes, complete perpetrators information (person involved in the workplace violence): (fill in details where applicable)

Full Name: _____

Address: _____

Hair Color: _____ Eye Color: _____ Age: _____

Gender: _____ Ethnicity: _____

Height: _____ Weight: _____

Distinguished Mark(s): _____

Social Media Username(s)/Handle(s): _____

Are there additional perpetrators of this workplace violence?

Yes No

If yes, in the space below, please provide the names and any identifying information of the perpetrator(s):

Classification of circumstances at the time of the incident, employee was: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Completing usual job duties | <input type="checkbox"/> Isolated or alone |
| <input type="checkbox"/> Rushed | <input type="checkbox"/> Working during a low staffing level |
| <input type="checkbox"/> Working in a community setting | <input type="checkbox"/> Working in an unfamiliar or new location |
| <input type="checkbox"/> Working in poorly lit areas | <input type="checkbox"/> Unable to get help or assistance |
| <input type="checkbox"/> Not Applicable | |

Select the type of incident: (check all that apply)

- Animal Attack
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object
- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact
- Threat of physical force or threat of the use of a weapon or other object
- Other type of incident

Please provide a detailed description of the incident:

Have you informed anyone of this incident, including, but no limited to HR, your Manager, Security Personnel or Law Enforcement?

Yes No

If yes, name and title of person(s) informed: _____

Provide a brief description of the result of this interaction: _____

In compliance with the requirements of Labor Code, the person completing this log must provide their personal contact information in the following fields:

I understand

Provide contact information (in accordance with Labor Code): (fill in the details where applicable)

Full Name: _____

Job Title: _____

Email Address: _____

Phone Number: _____

Do you have a photo of the incident to attach?

Yes No

If yes, please attach photo.

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