

EL CAMINO REAL CHARTER HIGH SCHOOL WORKPLACE VIOLENCE REPORTING FORM

This form should be used to report any incidence of workplace violence that any employee of ECRCHS witnesses at the workplace or any work-related event. Employees are required to report any workplace violence they witness and will not be subject to any retaliation for reporting workplace violence.

“Workplace Violence” includes but is not limited to the following: (i) the 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; (ii) 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; (iii) the following four workplace violence types:

- **Type 1:** violence committed by a person with no legitimate business at the worksite;
- **Type 2:** violence directed at employees by students, parents, contractors, volunteers, or visitors;
- **Type 3:** violence against an employee by a present or former employee, supervisor, or manager;
- **Type 4:** 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.

“Workplace Violence” does not include lawful acts of self-defense or defense of others.

If you have witnessed a workplace violence incident, please enter as much of the following information as you can:

Date of Report: _____ **Date(s) of Incident:** _____

Reporter’s Name: _____

Reporter’s Job Title: _____

Reporter’s email address or telephone number: _____

Victim Name(s) (if other than Reporter): _____

Victim’s Job Title (If other than Reporter): _____

Victim’s email address or telephone number: _____

Approximate Place of Incident: _____

Approximate Time of Incident: _____

Narrative Description of Workplace Violence Incident: _____

Type of Workplace Violence (see definitions above): _____

Name, Description, or other information about Perpetrator(s): _____

Thank you for submitting this information. You may be contacted by administration to provide further information. Please sign below to verify the accuracy of the information provided on this form.

Reporter’s Signature