



Belfast Central School Workplace Violence Incident Report Form

This form should be completed and immediately reported to your supervisor following a workplace violence incident. Affected employees should be given assistance to complete all fields, if required. Once completed, make a copy of the form for all affected employees and return the original to the employee's supervisor.

Date of incident: _____ Time of incident: _____

Employee Name: _____ Title: _____

Names of other affected employees: _____

Department / Unit: _____

Work location: _____ Work Phone: _____

Location of Incident: _____ Were there any injuries? Yes No

Extent of injuries: _____

Was medical treatment required? Yes No

Explain: _____

Was the employee hospitalized? Yes No

Explain: _____

Description of incident: Physical abuse Verbal abuse
 Threat Other: _____

Was the assailant a: Client or Patient Co-worker or Supervisor
 Intimate partner or Loved one Other: _____

Were the Police notified? Yes No

Was the assailant arrested? Yes No

Please describe the incident in detail including the preceding events:

List / describe actions taken to prevent future incidents: