

Report of Workplace Violence

Is this an emergency?

☐ Yes ☐ No

If YES call 911

Date of Violent Incident:

Time of Violent Incident:

Do you know where this instance of Workplace Violence took place?

☐ Yes ☐ No

Provide a detailed description of where this instance of Workplace Violence took place:

Which of the following best describes the threat of violence that occurred? (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 including, but not limited to, texts, electronic messages, social media messages, or other online posts
- ☐ Other

Which of the following best describes the perpetrator of this instance of Workplace Violence? (Check all that apply)

- ☐ Contracted Vendor
- ☐ Employee
- ☐ Family or Friend of Employee
- ☐ Family or Friend of Student
- ☐ Manager or Supervisor
- ☐ Partner or Spouse of Employee
- ☐ Stranger with Criminal Intent
- ☐ Student
- ☐ Other

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

☐ Yes ☐ No

If YES, please provide a detailed description of Perpetrator's Information (Person involved in the workplace violence):

Full Name: <input type="text"/>				
Address: <input type="text"/>				
Hair Color <input type="text"/>	Eye Color <input type="text"/>	Age <input type="text"/>	Gender <input type="text"/>	Ethnicity <input type="text"/>
Height <input type="text"/>	Weight <input type="text"/>	Distinguishing Marks <input type="text"/>		
Social Medical Username(s) <input type="text"/>				

Are there additional perpetrators of this workplace violence?

☐ Yes ☐ No

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

Do you know, or are you, the employee affected by this reported instance of workplace violence?

☐ Yes ☐ No

**At the time of the incident, which of the following best describes what the employee was doing?
(Check all that apply)**

- | | |
|---|---|
| ☐ Completing usual job duties | ☐ Isolated or alone |
| ☐ Working during a low staffing level | ☐ Rushed |
| ☐ Working in an unfamiliar or new location | ☐ Working in a community setting |
| ☐ Working in poorly lit areas | ☐ Not Applicable |
| ☐ Unable to get help or assistance | |

Which of the following best describes the type of incident that occurred? (Check al that apply)

- ☐ Animal Attack
- ☐ Attack with weapon or object, including, but not limited to, a firearm, knife, or other object
- ☐ Physical attack without weapon, including, but not limited to biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, 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:

Did the employee who experienced the Workplace Violence inform their immediate supervisor?

☐ Yes ☐ No

Name and Title of the Person(s) Informed:

Provide a brief description of the result of this interaction:

By checking "I Understand", I understand that my employer may use the provided contact information to continue their investigation on this reported instance of workplace violence.

☐ I Understand

Provide your contact information:

Full Name:

Job Title:

Email Address:

Do you have photos/videos of the incident?

☐ Yes ☐ No

If YES, please share these photos/videos with your supervisor.