



Workplace Violence Incident Report

Today's Date _____

Date of Incident _____

Time of Incident _____

Employee Name _____

Position/Title _____

Workplace Location _____

What was the employee doing just prior to the incident?

Incident Description (Minimally include names of involved employees, extent of injuries and names of witnesses):

Provide information on preventative actions that the public employer has taken or is considering as a result of the incident to prevent against further like occurrences:

After the occurrence of a workplace violence incident, the public employer shall consider global (all public employer worksites) prevention enhancements, which may be necessary to properly protect employees.

The employer is responsible for maintaining copies of reports which shall be used when the program is reviewed and updated.