# DINUBA UNIFIED SCHOOL DISTRICT
# WORKPLACE VIOLENCE REPORTING FORM

This form is to be used by employees that have been identified an incident, threat or concern related to workplace violence. This form brings the issue to the attention of the management.

It is illegal for the employer to take action against an employee for making such a report. The employer must investigate the report and explain to the employee(s) the action taken and any subsequent actions, as necessary.

To be completed by the individual investigating the incident. ***Return completed form within 2 days following incident to your immediate supervisor or HR@dinuba.k12.ca.us.*** **Attach witness statements to this form.**

| | |
|---|---|
| Report submitted by: | Date: |
| General Description: | Phone: |
| Date of Incident: | Time of Incident: |
| Address/Location of Incident: | |

**Individuals involved in the incident (use additional sheet(s) if necessary)**

| | |
|---|---|
| Name: | Name: |
| ☐ Victim or ☐ Assailant | ☐ Victim or ☐ Assailant |
| Job Title: | Job Title: |
| Department: | Department: |
| Phone: | Phone: |
| Immediate Supervisor: | Immediate Supervisor: |

## Classification of Incident (Select One)

| ☐ Type 1 Violence | ☐ Type 2 Violence | ☐ Type 3 Violence | ☐ Type 4 Violence |
|---|---|---|---|
| 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 employees with the intent to commit a crime. | Workplace violence directed at an employee by students, parents, or visitors. | Workplace violence against an employee by a present or former employee, supervisor, or manager. | 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 Incident Location (Select One)

| ☐ At Workplace, Indoors (Please Include Bldg. Name/Room No.) | ☐ At Workplace, Outdoors (Please Specify) | ☐ Other Area (Please Explain) |
|---|---|---|
| | | |

## Type of Incident

| | |
|---|---|
| ☐ Physical Attack – no weapon/object | ☐ Physical Assault - Hitting, fighting, pushing, or shoving |
| ☐ Physical Attack – with weapon/object | ☐ Sexual assault/threat (incl. rape, attempted rape, physical display, or unwanted verbal/physical sexual contact) |
| ☐ Threat of physical force and/or threat of use of a weapon/object | ☐ Other (specify) |

## How was the incident communicated? (Check one or more)

| | | | | |
|---|---|---|---|---|
| ☐ Communicated directly to victim | ☐ Verbal | ☐ Mail | ☐ Note | ☐ Email |
| ☐ Communicated to another person | ☐ Verbal | ☐ Mail | ☐ Note | ☐ Email |
| ☐ Other (specify) | | | | |

## Initial Response or Follow up Activity: (Check all that apply)

| | | |
|---|---|---|
| ☐ Situation defused | ☐ Occupational Medicine notified | ☐ First Aid Received? |
| ☐ Security called | ☐ Employee Assistance Program Resources Provided? | ☐ Law Enforcement notified<br>If Yes, Name of Agency and Report Number: |
| ☐ Other (specify) | | |

## Describe Incident in Detail

*Include what happened, where, who was involved, what you heard, saw, etc. Also include the circumstances at time of incident (i.e.: was the employee completing usual job duties, was the area poorly lit, was the work being rushed, was the employee working during a low staffing level, was the employee isolated/alone, was the employee able to get help/assistance, was the employee working in a community setting, was the employee working in an unfamiliar/new location, other – please explain).*

## List Names of Other Witnesses

| | |
|---|---|
| Signature | Date |
| Person Receiving Witness Statement | Date |

## Routing

| *Yes* | *No* | *Name* | *Signature* | *Date* |
|---|---|---|---|---|
| ☐ | ☐ | | | |
| ☐ | ☐ | | | |

**Upon completion of investigation, attach a findings/follow-up document to this form.**