



Workplace Violence Reporting Form

This is a form to report alleged workplace violence. To report an incident involving workplace violence, please fill out the below form and return it to Frederick Prince, Director of Human Resources, at fprince@nrwcs.org.

For your convenience, this form is also available online at www.nrwcs.org under Staff Resources.

Reporter Information

Today's Date: _____

Name of Reporter: _____ Phone: _____ Email: _____

Description of Incident

Date(s) of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please provide a detailed description of the incident, including events leading up to the incident and how the incident ended.

Please list the names and job titles of the employee(s) or other individuals involved.

Names of witnesses, if any:

Please state the nature and extent of any injuries arising from this incident.

What steps, if any, have been tried to resolve this matter?

Have you previously complained regarding the matter, incident or individual at issue or regarding similar concerns? If so, please detail to whom and provide as much detail as possible.

Have you been absent from work as a result of this incident? ☐ Yes ☐ No

If yes, how many days were you absent? _____

By signing this form, I certify that the above information is accurate to the best of my knowledge.

Signature of Reporter: _____ Date: _____