

Workplace Violence Report

Is this an emergency?

☐ Yes ☐ No

Date Of Violent Incident _____ **Time Of Violent Incident** _____

Name of school/site where violent incident occurred: _____

Do you know the location where the violent incident occurred?

☐ Yes ☐ No

Describe the threat of violence: (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 |
| ☐ Other type of violence | |

Select the violence type (as described in Labor Code): (Check all that apply)

- ☐ "Type 1 violence," which means 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 workers with the intent to commit a crime
- ☐ "Type 2 violence," which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors
- ☐ "Type 3 violence," which means workplace violence against an employee by a present or former employee, supervisor, or manager
- ☐ "Type 4 violence," which means 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 who committed the 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

For Other classify the person(s) who committed the workplace violence in the space below:

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

- ☐ Yes ☐ No

Are there additional perpetrators of this workplace violence?

- ☐ Yes ☐ No

Classification of circumstances at the time of the incident, employee was: (Check all that apply)

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

Select the type of incident: (Check all that apply)

- ☐ Animal Attack ☐ Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object
☐ Physical attack without a weapon, ☐ Sexual assault or threat, including including, but not limited to, biting, but not limited to, rape, attempted rape, choking, grabbing, hair pulling, physical display, or unwanted verbal kicking, punching, slapping, pushing, or physical sexual contact pulling, scratching, or spitting ,
☐ Threat of physical force or threat of ☐ Other type of incident the use of a weapon or other object

Please provide a detailed description of the incident:

You can attach a separate page if you need more space.

Have you notified anyone of this incident, including but limited to, HR, your Manager, Security Personnel or Law Enforcement?

☐ Yes ☐ No

In compliance with the requirements of Labor Code, the person completing this log must provide their personal contact information in the following fields.

☐ I understand

Full Name

Job Title

Email Address

Phone Number

Do you have a photo of the incident to attach?

☐ Yes ☐ No