Burbank Unified School District - Human Resources Department

WORKPLACE VIOLENCE INCIDENT REPORTING FORM

This form is to be completed by Burbank USD Employees that have identified an incident, threat, or concern related to workplace violence. This form is to be submitted to the Employee's direct supervisor, or any member of the District's Workplace Violence Prevention Program Committee. Any witness statements or supporting documentation may be attached to this form.

IS THIS AN EMERGENCY? **Yes** **(If YES call 911)** **No**

❖ REPORTING BUSD EMPLOYEE / VICTIM INFORMATION:

Name: _____ **Title:** _____ **Date:**_____

Telephone: _____ **Email:** _____

Does the Reporting Employee / Victim feel their well-being or safety is threatened? _____**YES** ____**NO**

Were Emergency Services (Fire Dept. / Police Dept) notified? _____**YES** ____**NO**
If YES, please provide the Fire Dept. / Police Dept. report # and name of the officer:

Name of Officer: _____ **Report #:** _____ **Date of Report:** _____

❖ ASSAILANT INFORMATION:

Name: _____ **BUSD Employee:** _____**YES** ____**NO**

If Yes, what is their Position: _____ **BUSD Work Location:** _____

Contact Information, if known: _____

- ☐ Partner/Spouse of Victim
- ☐ Former Partner/Spouse of Victim
- ☐ Robber/Burglar
- ☐ Stranger
- ☐ Student
- ☐ Other:
- ☐ Parent
- ☐ Family or Friend of Student
- ☐ Relative of Victim
- ☐ Animal
- ☐ Outside Vendor
- ☐ Contract Services Worker
- ☐ Co-Worker/Supervisor/Manager
- ☐ Ex/Separated-Employee
- ☐ Person In Custody

❖ CLASSIFICATION OF OFFENDER (choose most applicable type):

- ☐ Type #1: Perpetrator has no legitimate relationship to BUSD or its employees and commits a crime on a BUSD site or employee.
- ☐ Type #2: BUSD students, parents, or anyone else that is known to BUSD and has legitimate reason to be there.
- ☐ Type #3: Coworkers, current or separated BUSD employee. Any person having employment at any time within the BUSD.
- ☐ Type #4: Personal relationships. Perpetrator does not have a relationship and is not an employee of BUSD, but does have a relationship with the intended victim.

❖ WITNESS INFORMATION:

Name: _____ **BUSD Employee:** _____**YES** ____**N**
If Yes, what is their Position: _____ **BUSD Work Location:** _____
Contact Information, if known: _____

Name: _____ **BUSD Employee:** _____**YES** ____**N**
If Yes, what is their Position: _____ **BUSD Work Location:** _____
Contact Information, if known: _____

Name: _____ **BUSD Employee:** _____**YES** ____**N**
If Yes, what is their Position: _____ **BUSD Work Location:** _____
Contact Information, if known: _____

❖ INCIDENT INFORMATION:

Date and Time of Incident: _____

Specific Location of Incident: _____

❖ CIRCUMSTANCES AT TIME OF INCIDENT:

- ☐ Employee Performing Normal Duties
- ☐ Employee Isolated or Alone
- ☐ Unable to Get Help or Assistance
- ☐ Other:
- ☐ Poor Lighting
- ☐ High Crime Area
- ☐ Working in a Community Setting
- ☐ Employee Rushed
- ☐ Low Staffing Level
- ☐ Unfamiliar or New Location

Please describe the incident, and how and/or why you were threatened (you may attach additional pages):

❖ ACTIONS OF INCIDENT:

Medical care provided? ☐ **Yes** ☐ **No** **Care provided by:** _____

If applicable, Mandated Reporter Report Made? ☐ **Yes** ☐ **No** **Report #:** _____ **Date of Report:** _____

Describe any additional actions taken by Burbank USD (Include additional pages if needed):

If applicable, the following witness statements and documents have been attached:

❖ THIS REPORT COMPLETED BY:

Name: _____ **Title:** _____ **Date:**_____

Telephone: _____ **Email:** _____

Signature: _____

OFFICE STAFF ONLY:

_____ **Date Superintendent Informed**

_____ **Date followed up with Site/Dept. Administrator**

_____ **Date followed up with Student Services**

_____ **Date followed up with Police/Fire Dept.**

_____ **Date followed up with Employee**

_____ **Date Employee offered EAP Info**