



DELANO JOINT UNION HIGH SCHOOL DISTRICT

1720 Norwalk Street, Delano, California (661) 725-4000

EXHIBIT 1 – FORM OF VIOLENT INCIDENT LOG

THE DATE AND TIME OF THE INCIDENT: _____

LOCATION OF THE INCIDENT: _____

WHAT TYPE OF WORKPLACE VIOLENCE OCCURRED?

DETAILED DESCRIPTION OF EVENT: _____

WHO COMMITTED THE VIOLENCE? _____

WHAT WERE THE CIRCUMSTANCES AT THE TIME OF THE INCIDENT? _____

WHERE DID THE INCIDENT OCCUR? _____

WHAT TYPE OF WORKPLACE VIOLENCE OCCURRED?

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

To be Completed by Supervisor or HR Office Only

WHAT WERE THE CONSEQUENCES OF THE INCIDENT, INCLUDING, BUT NOT LIMITED TO:

Whether security or law enforcement was contacted and their response: _____

ACTIONS TAKEN TO PROTECT EMPLOYEES FROM A CONTINUING THREAT IDENTIFIED AS A RESULT OF INCIDENT:

**WAS THE WORKPLACE VIOLENCE PREVENTION PLAN REVIEWED AFTER THIS INCIDENT?
(YES OR NO):**

**WAS THE WORKPLACE VIOLENCE PREVENTION PLAN REVISED DUE TO THIS INCIDENT AND
IF SO, HOW?**

THIS LOG COMPLETED BY:

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____