



Workplace Violence Reporting Form

Report Instructions

This form is to be used by employees or supervisors that have identified an incident, threat, or concern related to workplace violence. The original report must be forwarded to the appropriate administrators or the Director of Personnel Services.

Employee Information

Reporting Employee: _____

Affected Employee(s): _____

Affected Employee(s) Job Title(s): _____

Department: _____

Facility Address: _____

Incident Information

Date incident occurred: _____

Time incident occurred: _____

Specific address and detailed description of description where incident occurred (i.e. empty hallway, warehouse bathroom):

Definitions of Violent Incident Types

- Type I 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 workers with the intent to commit a crime.
- Type II violence: workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- Type III violence: workplace violence against an employee by a present or former employee, supervisor, or manager.
- Type IV violence: 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.

Checklist of Questions to Answer After a Violent Incident

1. Which type of person threatened or assaulted the employee(s)?

Type I: Stranger Thief/Suspect Other

Type II: Client/Customer Student Patient Visitor

Type III: Current Co-worker Former Co-worker Supervisor/ Manager



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Type IV: Current Spouse or Partner Former Spouse or Partner Employee's Friend
 Employee's Relative Family/friend of client or patient

2. What type of violent incident occurred (check all that apply)?

- Verbally harassed Verbally Threatened Physically Assaulted Punched
 Slapped Grabbed Pushed Choked Kicked Bitten Hit with Object
 Threatened with Weapon Assaulted with Weapon Animal Attack
 Other (Describe): _____

3. Was a weapon used? Yes No

Describe the incident:

4. Was/were the employee(s) working alone? Yes No

If not, who was/were with the employee(s) that may have witnessed the incident?

5. Were there threats made before the incident occurred? Yes No

If yes, was it ever reported to the employee's supervisor or manager that the employee(s) was/were threatened, harassed, or was/were suspicious that the attacker may become violent?

6. Are you willing to testify against the Respondent in Court to obtain a restraining order?

Yes No

Reporter Information

Report Completed By: _____

Department/Job Title: _____

Date: _____ Phone number: _____

Email: _____