



Violence Incident Report

The information provided below for each incident must be based on information solicited from the employees who experienced the workplace violence, on witness statements, and on investigation findings. Personal identifying information sufficient to allow identification of any person involved in a violent incident must be omitted.

Today's Date:

Individual Completing the Violence Incident Report

Name:

Work Phone:

Home Phone:

Job Title:

Dept.:

Supervisor:

Incident Information

Incident Date:

Incident Time:

AM ☐ PM ☐

Incident Location:

Classification of Incident Location (e.g., workplace, parking lot, etc):

Type of Workplace Violence (select one):

- ☐ **Type 1:** 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:** workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- ☐ **Type 3:** workplace violence against an employee by a present or former employee, supervisor, or manager.
- ☐ **Type 4:** 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 the Violent Individual (select one):

- | | |
|---|--|
| ☐ Client or customer | ☐ Supervisor or manager |
| ☐ Family or friend of a client or customer | ☐ Coworker |
| ☐ Partner or spouse | ☐ Stranger with criminal intent |
| ☐ Parent or relative | ☐ Other perpetrator |

Classification of Circumstances at the Time of the Incident (select all that apply):

- | | |
|--|---|
| ☐ Completing typical job duties | ☐ Working in poorly lit areas |
| ☐ Rushed | ☐ Low staffing level |
| ☐ Working in isolation or alone | ☐ Unable to get help/assistance |
| ☐ Working in community setting | ☐ Working new/unfamiliar setting |
| ☐ Other: | |

Type of Violent Incident (select all that apply):

- ☐ 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.
- ☐ Animal attack.
- ☐ Other:

Were the police/security contacted? ☐ Yes ☐ No If yes, did they respond quickly? ☐ Yes ☐ No

Provide a detailed description of the incident:

Provide a description of actions taken to protect employees from a continuing threat or any other hazards identified as a result of the incident:

Signature: _____

Date: _____