EMPLOYEE WORKPLACE VIOLENCE INCIDENT REPORT FORM

Report number: _______________
Privacy concern case: ___Yes ___No

EMPLOYEE NAME: _______________________________
JOB TITLE: _______________________________
DEPARTMENT: _______________________________
DATE OF INCIDENT: _______________________________
TIME OF INCIDENT: _______________________________
LOCATION OF INCIDENT: _______________________________

I. Description of the events just prior to the incident (Include names of individuals involved if known.):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
II. Description of the incident itself (Include names or other identifiers of the individuals, names of any witnesses, and extent of any injuries, etc.):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
(Use additional paper if necessary)

Employee Reporting the Incident: (Sign): _______________________________ Date: _______________
(Print): _______________________________
Report Received By: (Sign): _______________________________ Date: _______________
(Print): _______________________________ Job Title: _______________________________