



Appendix B – Workplace Violence Incident Report

## Instructions

Upon receiving a report of workplace violence, the supervisor must complete this form with as much detail as possible to support an investigation, attaching narratives and other documentation as needed. Original report must be forwarded to the Department Human Resources Professional.

## General Information

Today's Date:		Date of Incident:		Time of Incident (AM/PM):	
<i>*If incident has taken place on more than one date, please indicate the initial date here and include additional dates below in the Description of Incident section.</i>					
Department:			Location of Incident:		
Reporting Employee:					
Affected Employee(s):					
Affected Employee(s) Job Title(s):					

## Incident Information

### Four types of workplace violence:

Incident involved which type? ☐ Type 1 ☐ Type 2 ☐ Type 3 ☐ Type 4

- **Type 1 Violence:** which means 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 Violence:** which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- **Type 3 Violence:** which means workplace violence against an employee by a present or former employee, supervisor, or manager.
- **Type 4 Violence:** which means 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 1:** ☐ Stranger ☐ Thief/Suspect ☐ Other:

**Type 2:** ☐ Client/Customer ☐ Passenger ☐ Person in Custody ☐ Patient ☐ Visitor

**Type 3:** ☐ Current Co-Worker ☐ Former Co-Worker ☐ Supervisor/Manager

**Type 4:** ☐ Current Spouse or Partner ☐ Former Spouse or Partner ☐ Employee Friend ☐ Employee 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 w/ Object ☐ Threatened w/ Weapon ☐ Assault w/ Weapon ☐ Animal Attack  
☐ Other (describe): \_\_\_\_\_

3. Was a weapon used? ☐ Yes ☐ No If yes, please list the type of weapon:



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4. What was the environment and surroundings of the incident? ☐ Isolated Area ☐ Low Lighting ☐ Unfamiliar Location  
☐ Performing Normal Duties ☐ Performing Other Duties ☐ Other:
5. Was law enforcement or security contacted? ☐ Yes ☐ No
6. Were there threats made before the incident occurred? ☐ Yes ☐ No – If yes, was it ever reported to the employee’s supervisor, manager, or department HR Professional?


7. Describe the incident:

Please provide a detailed description of the incident being reported below:

***In your response, please include the following:*** What occurred, what was said, when the incident(s) occurred, where the incident(s) occurred, who else was present at the time of the incident(s), along with any other relevant information. If there were any witnesses to the alleged misconduct, witness names should be provided, along with contact information, if known. If you need additional space to describe the behavior being reported, please attach another document with the details.

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8. Were there any previous or similar incidents? ☐ Yes ☐ No
9. Have resources and support been offered to the affected employee? ☐ Yes ☐ No If yes, explain what has been offered. If no, explain why:


10. 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:	
Phone Number:		Email:	
Date:		Signature:	