



WORKPLACE VIOLENCE REPORT FORM

Workplace Violence is any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment.

VICTIM INFORMATION

Name: _____
Last First M.I.

(Note: If the case is a "privacy concern case," remove the name of the employee who was the victim of the workplace violence and enter "PRIVACY CONCERN CASE" in the space normally used for the employee's name.)

Phone: _____ Email: _____

Work Location: _____ Title: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ AM PM

Workplace Location Where Incident Occurred:

Incident Type: Physical Abuse Verbal Abuse Other _____

Name of Assailant(s)/Antagonist(s) (If employee, indicate name/title/work location; if student, use initials or student ID#.):

Detailed description of the incident (including events leading up to the incident and how the incident ended):

Name or other identifier and job titles of involved individuals:

Nature and extent of injuries arising from the incident:

WITNESS INFORMATION

Witnesses to Incident:

Name: _____ Contact Information: _____
Name: _____ Contact Information: _____
Name: _____ Contact Information: _____

ADDITIONAL INFORMATION

Report Completed by: _____ Title: _____

Name (Print) Are you the Victim? Yes No Signature: _____

Date: ____/____/____ Date Incident was Reported: ____/____/____
Time Incident was Reported: _____ AM PM

Supervisor Notified: Yes No Date: ____/____/____ Time: _____ AM PM
Supervisor's Name: _____ Title _____

Other Person Notified: Yes No Date: ____/____/____ Time: _____ AM PM
Name: _____ Title _____

Additional Relevant Information:

Reviewed by District Workplace Violence Administrator

Name _____

Date: _____