

**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.



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: \_\_\_\_\_



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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Witnesses to Incident:

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact 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:* \_\_\_\_\_