

UNACCEPTABLE BEHAVIOR INCIDENT REPORT FORM

INSTRUCTIONS

This form must be completed by the complainant's supervisor or by UHR when an employee reports an incident involving a threat, act of intimidation, violence or other unacceptable behavior being committed by another employee.

1. Complainant's name: \_\_\_\_\_ Job Title: \_\_\_\_\_

2. Complainant's home address \_\_\_\_\_

3. Home phone number: \_\_\_\_\_ Work phone number \_\_\_\_\_

4. Department \_\_\_\_\_

5. Complainant's work location \_\_\_\_\_

6. Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_ Incident location: \_\_\_\_\_

7. Type of incident: (circle one): Assault, Robbery, Harassment, Disorderly Conduct, Sex Offense, Other. (Please specify) \_\_\_\_\_

8. Were you injured? (circle) Yes No  
If yes, please specify your injuries and the location of any treatment: \_\_\_\_\_

9. Did police respond to incident: Yes No

10. Which police department: \_\_\_\_\_

11. Police report filed: Yes No

12. Was your supervisor notified? Yes No

13. Supervisor's name: \_\_\_\_\_

14. Was any action taken? (specify) \_\_\_\_\_

15. Alleged perpetrator: (circle one): Intruder, Customer, Patient, Resident, Client, Visitor, Student, Co-Worker, Former Employee, Supervisor, Family/Friend, Other, (specify): \_\_\_\_\_

16. Alleged perpetrator – Name/address/age (if known): \_\_\_\_\_

17. Please briefly describe the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Were you alone when the incident occurred: \_\_\_\_\_  
\_\_\_\_\_

19. Provide information for all witnesses: name, department, address, phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Did the incident involve a weapon? Yes No Specify: \_\_\_\_\_

21. Were you unable to continue or report for work due to the incident? Yes No  
How long? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_

22. Was the violence directed solely at you or were others included? If others were included,  
name(s), department(s), address(es), phone number(s) if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Did you have any reason to believe that an incident might occur? Yes No  
Why \_\_\_\_\_

24. Has this type or similar incident(s) happened to you or your co-workers? Yes No  
Specify: \_\_\_\_\_

25. Was the alleged assailant involved in previous incidents? Yes No \_\_\_\_\_  
\_\_\_\_\_

26. Have you had any counseling or support since the incident? Yes No  
Specify: \_\_\_\_\_

27. What are your recommendations for avoiding such an incident? \_\_\_\_\_  
\_\_\_\_\_

28. Are there any measures in place to prevent similar incidents? Yes No  
Specify \_\_\_\_\_

29. Has corrective action been taken? Yes No Specify \_\_\_\_\_  
\_\_\_\_\_

30. Incident disposition: (Circle all that apply): No action taken, Arrest, Warning, Suspension, Reprimand, Other: \_\_\_\_\_

31. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Action taken, \_\_\_\_\_ Referred to OUPD  
\_\_\_\_\_ Referred to University Human Resources for further action  
\_\_\_\_\_ Interviewed all parties, investigated facts, filed with UHR  
\_\_\_\_\_ Dismissed complaint because \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Recorder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_