



WORKPLACE VIOLENCE INCIDENT REPORT

Instructions:

1. Please complete all information legibly to assist in evaluating the incident.
2. Please complete all information requested and submit the completed report to:

*Human Resource Services for West Campus, HSC, SB Manhattan, or SB Southampton;
East Campus University Police for East Campus, or the Veteran's Home;
Your supervisor*

3. Victims of Workplace Violence are also strongly encouraged to contact the University Police.
4. Supervisors are reminded that they should report incidents directly to Human Resource Services.

VICTIM'S NAME: _____ JOB TITLE: _____

☐ EMPLOYEE ☐ STUDENT ☐ OTHER (explain): _____

INCIDENT DATE: _____ INCIDENT TIME: _____

INCIDENT REPORTED TO POLICE: ☐ Yes ☐ No

INCIDENT SPECIFIC LOCATION: _____

WERE YOU INJURED?: (circle): Yes No

If yes, please specify your injuries and the location of any treatment:

ASSAILANT: (circle one): Intruder, Customer, Patient, Resident, Client, Visitor, Student, Co-Worker, Former, Employee, Supervisor, Family/Friend, Other, Unknown (specify):

ASSAILANT - NAME/ADDRESS/AGE (if known):

NAME: _____ AGE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

DESCRIBE THE INCIDENT IN DETAIL: _____

WERE THERE ANY WITNESSES?: (circle): Yes No

If yes, please provide their name(s):

VICTIM'S or Supervisors SIGNATURE: _____ DATE: _____

For H.R. Use:

Incident Disposition: (Circle all that apply): No action taken (Unfounded), Referred to Labor Relations, Referred to University Police, Arrest, Suspension, Notice of Discipline Issued, Verbal or Written Counseling Issued

Other: _____
