

6. APPENDICES

Appendix B – Sample forms

Assault incident report form

Note: This type of form can be used to report any threatening remark or act of physical violence against a person or property, whether **experienced** or **observed**. Individuals may be more forthcoming with information if the form is understood to be voluntary and confidential. The form also needs to identify where it should be sent after completion (for example, workplace violence prevention group or safety committee representative).

Date of incident	Year	Month	Day of week
Location of incident (Map, sketch on reverse side)			
Name of victim		Gender Male ___ Female ___	
Victim description ___ Employee job title _____ ___ Client ___ Visitor		Member of labor organization? Yes ___ No ___	
Assigned work location (if employee)			
Supervisor		Has supervisor been notified? Yes ___ No ___	
Describe the assault incident.			
List any witnesses to the incident (name and phone)			
Did the assault involve a firearm? If so, describe.			
Did the assault involve another weapon (not a firearm)? If so, describe.			
Was the victim injured? If yes, please describe.			

Assault incident report form, page 2

Who was responsible for assault?		
<input type="checkbox"/> Stranger	<input type="checkbox"/> Coworker	If other, describe.
<input type="checkbox"/> Personal relation	<input type="checkbox"/> Supervisor	
<input type="checkbox"/> Client/patient/patron/customer	<input type="checkbox"/> Other	
What was the gender of the person(s) who committed the assault?		
<input type="checkbox"/> Male		
<input type="checkbox"/> Female		

Please check any risk factors applicable to this incident:

Note: Each company should develop and include a list of potential risk factors that may apply in its worksite. For example:

- working with money
- working in a high-crime area
- working with drugs

<p>What steps could be taken to avoid a similar incident in the future? (To avoid recreating trauma, sound judgment should be exercised in deciding when to request this information.)</p>
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