

Incident Report Form 2:

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Victim's Name _____ Job Title _____

Victim's Address _____

Home Phone Number _____ Work Phone Number _____

Employer's Name and Address _____

Department/Section _____

Victim's Social Security Number _____

Incident Date _____

Incident Time _____

Incident Location _____

Work Location (if different) _____

Type of Incident: (check one) Assault Robbery Harassment Disorderly Conduct
 Sex Offense Other (Please Specify) _____

(See **Definition of Incidents Worksheet**)

Were You Injured? Yes No

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

Did Police Respond to Incident Yes No

What Police Department _____

Police Report Filed Yes No

Report Number _____

Was Your Supervisor Notified Yes No

Supervisor's Name _____

Was the Local Union/Employee Representative Notified Yes No

Who should be notified _____

Was Any Action Taken By Employer (specify) _____

Assailant/Perpetrator (check one) Intruder Customer Patient Resident
 Client Visitor Student Co-Worker Former Worker Supervisor
 Family/Friend Other (specify) _____

21. Assailant/Perpetrator—Name/Address/Age (if known): _____

Please Briefly Describe the Incident _____

Incident Disposition No action taken Arrest Warning Suspension
 Reprimand Other (*Please Specify*) _____

Did The Incident Involve A Weapon: Yes No
Specify _____

Did You Lose Any Workdays: Yes No
Specify _____

Were You Singled Out Or Was The Violence Directed At More Than One Individual _____

Were You Alone When The Incident Occurred _____

Did You Have Any Reason To Believe Than An Incident
Might Occur Yes No
Why _____

Has This Type Or Similar Incident(s) Happened To You Or Your
Co-workers: Yes No
Specify _____

Have You Had Any Counseling Or Support Since The Incident: Yes No
Specify _____

What Do You Feel Can Be Done In The Future To Avoid Such An Incident _____

Was This Assailant Involved In Previous Incidents _____

Are There Any Measures In Place To Prevent Similar Incidents: Yes No
Specify _____

Has Corrective Action Been Taken: Yes No
Specify _____

Comments _____
