

WORKPLACE VIOLENCE INCIDENT REPORT:

AFFECTED PARTY (s):

Department Supervisor: _____

Date of Incident: _____ Time of Incident _____

SPECIFIC Location of Incident: _____

Narrative Description of Incident: _____

If you incurred any injury, physical or emotional, please describe the injury, in detail, and location of treatment received.

List all witnesses (include name, contact and dept. info) of the incident:

Was a weapon involved? If so what type? _____

Aggressor: (Please include name, contact and dept. and relationship) Information:

Had anything occurred in the past to make you feel that this would occur? If so please explain.

For Non-Employees: Home address and vehicle information: _____

I swear and affirm that I have read the above compliant and that it is a true **and factual statement** to the best of my knowledge, information and belief.

Signature: _____

Title: _____

Date: _____

Received by: _____

Date: _____