

## Workplace Violence Incident Report

*Note: In completing this form, attach all supporting documents; such as continuation sheets and police reports*

Affected Party(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department/Phone Ext. \_\_\_\_\_

### Incident Information:

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident (be specific): \_\_\_\_\_

Description of Incident: (Narrative)

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Has this or a similar incident ever happened to you before? If so, please explain.

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If you incurred any injury whatsoever, (physical-emotional) please describe the injury, in detail, and the location of any treatment received.

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List all witnesses of the incident:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Was a weapon involved? If so, specify type and to what extent:

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**Aggressor Information:**

Name: \_\_\_\_\_  
Department: *(if an employee)* \_\_\_\_\_  
Supervisor: *(if an employee)* \_\_\_\_\_  
Relationship to aggressor: *(if stranger, indicate relationship, if any)* \_\_\_\_\_  
Had anything occurred in the past to make you feel this would happen? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home address/vehicle information: *(if not an employee)*  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-up Information:**

Did this incident cause lost workdays? If so, how many? \_\_\_\_\_

What action did department head take? If so, when (dates) and by whom? \_\_\_\_\_  
\_\_\_\_\_

Have you had any counseling or any form of emotional support since the incident? If not, would you like to be afforded this? \_\_\_\_\_  
\_\_\_\_\_

As you see it, does something need to be done to avoid such an incident from happening again? If so, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Report Completed by

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Distribution (via hard copy, fax OR email):

- Original to Department Head
- Copy to County Administrator
- Copy to Self-Insurance