

WORKPLACE VIOLENCE COMPLAINT FORM
PART I: Completed by Reporting Party

Reporting Party(s):
Supervisor: Depart/Phone Ext.

Incident Information:

Type of Incident (circle one): Physical Assault / Homicide / Threat of Assault or Homicide

Date of Incident: Time of Incident: a.m. / p.m.

Location of Incident (be specific):

Brief Description of Incident (Narrative):

Has this or a similar incident ever happened to you before? Circle one (YES / NO)

If yes, state when, where and explain.

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

List all witnesses of the incident:

Name: Department: Phone:

Name: Department: Phone:

Name: Department: Phone:

Was a weapon involved? (Circle one) YES / NO

If so, specify type of weapon and how used:

Aggressor Information:

Name: Department: (if employee)

Supervisor/Phone Number: (if 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

Aggressor's address/vehicle information: (if not employee)

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

Signature of Reporting Party

Date

Attach all documents in your possession (emails, police reports, etc) to this complaint form.

SUBMIT TO YOUR SUPERVISOR OR DEPARTMENT HEAD AS SOON AS POSSIBLE.

WORKPLACE VIOLENCE COMPLAINT FORM
PART II: Completed by Department Head

Supervisor Review & Comment (if applicable):

Initials: Dated:

Department Head Review & Comment:

Initials: Dated:

Department Actions Taken to Prevent Further Violent Acts of a Similar Nature:

Initials: Dated:

Was Reporting Party/Employee offered assistance through the Employee Assistance Program? Yes / No

WORKPLACE VIOLENCE COMPLAINT FORM
PART III: Completed by Human Resources & County Attorney's Office

Date Received by Human Resources: Assigned Complaint No.

Date Reviewed:

Additional Actions Taken by HR:

Initials: Dated:

Date Received by County Attorney's Office: Attorney Review Date:

Attorney Reviewer:

Was additional investigation or action required? (Circle one) YES / NO
(If yes, open new matter file for confidential investigation and reporting to Risk & Safety Committee)

Date Provided to Risk and Safety Committee Chairpersons: