

WORKPLACE VIOLENCE INCIDENT REPORT

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE

INCIDENT INFORMATION: Date: _____ Time: _____ Location: _____
REPORTED TO SUPERVISOR: Date: _____ Time: _____

PERSON AGAINST WHOM ALLEGATION OF WORKPLACE VIOLENCE IS BEING MADE

Name: _____ Title: _____
 Department: _____
 Phone: _____ E-mail address: _____

RELATIONSHIP TO COMPLAINANT

Co-worker ___ Student ___ Supervisor ___ Spouse/Partner ___ Faculty ___ Stranger ___
 Family Member/ Parent ___ Client/Patient ___ Other (describe) _____

PERSON REFERRING THE COMPLAINT (IF DIFFERENT FROM PERSON ALLEGING VIOLENCE)

Name: _____ Title: _____
 Department: _____
 Phone: _____ E-mail address: _____

DESCRIBE THE INCIDENT (Describe the incident providing pertinent details i.e: who, what was said/done, when, where, how)

ACTION TAKEN (Be specific)

FOLLOW UP RESPONSE (Including dates)

Name(s) of witness(es), or others involved if applicable: _____

Any prior history of incidents with any of the individuals involved? Yes ___ No ___ Unknown ___

Victim Description:

Staff ___ / Faculty ___ (Department: _____ Was supervisor notified ___ No ___ Yes)
 Student ___ Visitor ___ Client/Customer ___ Other _____ (explain)

BY SIGNING BELOW, I SWEAR THAT THE INFORMATION SUBMITTED HEREIN IS VALID AND ACCURATE TO THE BEST OF MY KNOWLEDGE. KNOWINGLY SUBMITTING A FALSE COMPLAINT IS A VIOLATION SUBJECT TO CORRECTIVE ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT AND CRIMINAL PROSECUTION.

Employee's Name: _____	Supervisor's Name: _____
Dept/Program: _____	Dept/Program: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

SECTION RESERVED FOR HUMAN RESOURCES/ DEAN OF STUDENTS

Name: _____ Date: _____
 Date received: _____ cc: _____

Action Taken:

REPORTING AND INVESTIGATING WORKPLACE VIOLENCE INCIDENTS

Ensure appropriate treatment or support has been administered to the employees involved.

GUIDELINES

It is vitally important that the following incident report be completed and submitted **immediately**.

Employees / Students

1. If you are directly involved in an incident involving workplace violence, you are obligated to notify your immediate Manager or Supervisor or Manager, Human Resources. In the case of students, the Dean of Students should be involved.
2. If you are witness to or become aware of an incident(s) of workplace violence, you are obligated to notify your immediate Manager or Supervisor or Manager, Human Resources. In the case of students, incidents should be reported to Faculty/ Chairs or the Dean of Students.

*Additional policy or procedural information should be referred to in the Workplace Anti-Violence Policy.

Managers / Supervisors

1. If you are involved in an incident involving workplace violence or become aware of an incident, you are obligated to notify the Appropriate Authority (Manager, Human Resources for employees or Dean of Students for Students).

*Additional policy or procedural information should be referred to in the Workplace Anti-Violence Policy.

PROCEDURE FOR COMPLETING THE FORM

1. The person submitting the report are encouraged to do so in their own words and to provide as much in depth and/ or pertinent information as possible.
2. The employee reviews the report, and upon agreeing that it accurately describes the occurrence, signs the form. (If the employee is unable to review and sign the form, e.g., unconscious state, the supervisor should proceed with the next step.)
3. The supervisor forwards a copy of the report to the Appropriate Authority. Both the employee and the supervisor keep a copy of the report for their records.