

Workplace Violence Incident Report

Date of Incident: _____

Workplace location where incident occurred: _____

Time of day/shift when incident occurred: _____

DESCRIPTION:

Names and job titles of involved employees: _____

Detailed description of the incident, including events leading up to the incident and how the incident ended: _____

Name or other identifier and job titles of involved individuals: _____

Nature and extent of injuries arising from the incident: _____

Names of witnesses: _____

Note: If the case is a "privacy concern case," remove the name of the employee who was the victim of the workplace violence and enter "PRIVACY CONCERN CASE" in the space normally used for the employee's name. Privacy concern cases include cases involving:

- Injury or illness to an intimate body part or the reproductive system
- Injury or illness resulting from a sexual assault
- Mental illness
- HIV infection
- Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
- Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

Return Incident Form to District Office

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