



# WORKPLACE VIOLENCE INCIDENT REPORT

To be completed by the individual reporting / investigating the incident. This Form shall be completed following any Workplace Violence incident and distributed by scanning the document and sending through email to the intended recipient(s) as noted in the routing boxes at the bottom of the form. **Ensure that any witness statements / supporting documentation is provided to the Safety & Health Office referencing the specific incident.**

## SECTION 1

Report submitted by:	Date:
Telephone:	

Date of Incident:	Time:
Address/Location of Incident:	

## SECTION 2

### Individuals involved in the incident (use additional sheet(s) if necessary)

Name:	Name:
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant
Title / Position:	Title / Position:
Work Area (if applicable):	Work Area (if applicable):
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

### Assailant Relationship to Employee

<input type="checkbox"/> Co-worker	<input type="checkbox"/> Student
<input type="checkbox"/> Other (specify)	

## SECTION 3

### Possible Reason for Incident: (If known, check all that apply)

<input type="checkbox"/> Conflict with co-worker(s)	<input type="checkbox"/> Conflict with Student
<input type="checkbox"/> Conflict with other University Personnel	<input type="checkbox"/> Other (specify, i.e.: Visitor)



**SECTION 4**

**Nature of Incident (provide brief description)**

<input type="checkbox"/> Stalking
<input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress
<input type="checkbox"/> Destruction of Property
<input type="checkbox"/> Physical Assault – (Hitting, fighting, pushing, or shoving)
<input type="checkbox"/> Armed Assault - Use of object as weapon (specify)
<input type="checkbox"/> Verbal Harassment / Assault
<input type="checkbox"/> Sexual Harassment / Assault
<input type="checkbox"/> Other (specify)

**How was the incident communicated? (Check one or more)**

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify)				

**SECTION 5**

**Victim Injury (Check all that apply)**

<input type="checkbox"/> Physical injury – No Medical Care
<input type="checkbox"/> Physical Injury - Medical Care required
<input type="checkbox"/> Non Physical Injury (emotional):

**SECTION 6**

**Initial Response or Follow up Activity: (Check all that apply)**

Situation defused / Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Security called <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Incident Report Number:
<input type="checkbox"/> Other (specify)	Employee Assistance Program referral? <input type="checkbox"/> Yes <input type="checkbox"/>



**Describe Incident in Detail**

*Include what happened, where, who was involved, what you heard, saw, etc.*

**List Names of Other Witnesses**

Signature

Date

Person Receiving Witness Statement

Date

**Routing**

<i>Yes</i>	<i>No</i>	<i>Name</i>
<input type="checkbox"/>	<input type="checkbox"/>	Program Manager / Head
<input type="checkbox"/>	<input type="checkbox"/>	Chief Human Resource Officer
<input type="checkbox"/>	<input type="checkbox"/>	Manager, Health & Safety
<input type="checkbox"/>	<input type="checkbox"/>	Director, Campus Security

**Ensure that all documentation is completed prior to submission (including witness statements, where applicable). Please ensure confidentiality by ensuring completed forms are properly secured and not left visible for public consumption.**