# Workplace Violence Incident Report – Attachment D

| Name/Title of Person Completing Form | |
|---|---|
| Date Complete | |

| Log No. | Date/Time | Location/Department | Incident Description | Violence Committed By? [1] |
|---|---|---|---|---|
| | | | | |

**Type of Incident:** (check all that apply) (as defined in the "Definitions" section)
☐ Type 1 Incident ☐ Type 2 Incident ☐ Type 3 Incident ☐ Type 4 Incident
☐ Physical attack without a weapon (e.g. biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting)
☐ Attack with a weapon (e.g. gun, knife, other object)
☐ Threat of physical force or threat of use of a weapon or other object
☐ Sexual assault or threat (rape or attempted rape, physical display, or unwanted verbal or physical sexual contact)
☐ Verbal Harassment
☐ Animal Attack
☐ Other: _____

**Incident Location Specifics:** (check all that apply)
☐ Office
☐ Jobsite
☐ Hallway
☐ Restroom/Bathroom
☐ Parking Lot
☐ Other Area Outside Building
☐ Personal Residence
☐ Break Room
☐ Cafeteria
☐ Other: _____

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[1] The perpetrator will be classified as: (1) client; (2) customer; (3) family or friend of a client or customer; (4) stranger with criminal intent; (5) co-worker, supervisor, or manager of victim, (6) partner or spouse, parent or relative of victim, or (7) other perpetrator.

**Incident Circumstances:** (check all that apply)

☐ Victim Performing Usual Job Duties

☐ Poor Lighting

☐ Rushed

☐ Working During Low Staffing Level

☐ High Crime Area

☐ Isolated/Alone

☐ Unable to Get Help/Assistance

☐ Working in a Community Setting

☐ Working in an Unfamiliar/New Location

☐ Other: _____

**Consequence Specifics:** (check all that apply)

☐ Security Contacted/Law Enforcement Contacted

☐ Law Enforcement/Security Response: _____

☐ Actions Taken to Protect from Continuing Threat or Other Hazards Identified as a Result
   of Incident (if any): _____

☐ Other: _____

**Injuries:**

Description: _____

☐ Medical responders other than Law Enforcement Contacted. If so, describe:

_____
_____

☐ Did the severity of the injuries require reporting to Cal/OSHA? If so, date and time and
representative contacted:

_____
_____