



Workplace Violence Incident Report – Attachment A

Employee Name	
Name/Title/Contact Information of Person Completing Form	

Date/Time	Location/Department	Incident Description	Violence Committed By?¹

Type of Incident: (check all that apply)

- 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 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: _____

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



Incident Specifics: (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

Consequence Specifics: (check all that apply)

- Medical Treatment Provided
 - Assistance Provided to Conclude Incident (detail in Incident Description)
 - Security Contacted
 - Law Enforcement Contacted
 - Lost Time of Work Hours: _____
 - Actions Requested to Protect from Continuing Threat (if any):
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