Workplace Violence Incident Report Form

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This form is to be used to document any reportable workplace violence incident. This form is to be completed and forwarded to the Hazard Reduction Team immediately.

Employee Name:				
Job Title:				
Location Where Incident Occurred:				
Date and Time of Incident:				
Name of Individual Completing: This Report				
Date Incident Report Completed:				
Date Incident Report Received by: Hazard Reduction Team				
Supervisor Name: Signature				
Date Report Submitted to the Local:Office of the Dept. of Labor (if applicable)				

List any individuals who may have witnessed this incident:

Witness Name	Job Title	Witness Work Phone Number		

Check the Type of Violence the victim experienced (Levels I, II, or III):

Level I Violence							
Intimidation	Bullying		Verb	al Abuse	Minimal Harassment		
Shouting	Swear	ing	Obso	Obscene GesturesFalse Statements			
Level II Violence							
Psychological	Suicide		Thre	Threats of Advanced Harassment			
Trauma	Threat		Assa	Assault			
Shouted at	Swore at		Obso	Obscene CallsBeing Followed or			
Directly	Directly		Stalked				
Level III Violence							
Shooting	Stabb	ing	Strik	Striking with an ObjectSexual Assault			
Pushing	Grabb	ing	Thro	wing Object	ts	Homicide	
Please provide a det	tailed descr	iption of	the incider	nt:			
Assailant/Perpe			Name		Address		
Member of the Public	c						
Employee's Spouse	Employee's Spouse						
Employee's Significa	ant Other						
Employee's Supervis	sor						
Co-worker							
Former Employee							
Other (specify)							
Did police respond to If yes, please specify Was a police report f Were you injured? If yes, please specify	the name o iled? your injurie	f the Poli _YesYes _ es and the	ce Departm No Po No	olice Report			
Did you lose any wor Have you received co Did you have any rea Has the employer tak aware of?Ye	ounseling si ason to belie ten measure	nce this i eve that the s to avert	ncident? _ nis incident this incider	Yes might occur	_No ?		