**WORKPLACE VIOLENCE INCIDENT REPORT**

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| Reported by: |  |  | Date of report: |  |
| Title / role: |  |  | Incident no.: |  |

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| --- |
| **Workplace violence incident information** |
| Date of incident: |  | Time of incident: |  |
| Name of person demonstrating prohibited behavior: |  |
| Name of victim: |  |
| Location: |  |
| Specific area of location: |  |
| Additional person(s) involved: |  |
| **Witnesses** |
|  |
| **Incident description including any events leading to or immediately following the incident:** |
|  |
| **Names of supervisory staff involved along with their response to the incident:** |
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| **Resulting action executed, planned, or recommended:** |
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| --- | --- | --- | --- |
| **Police report filed?** |  | Precinct: |  |
| **Reporting officer:** |  | Phone: |  |
| **Police action taken:** |  |
| Reporting staff name: |  | Reporting staff signature: |  | Date: |  |
| Supervisor name: |  | Supervisor signature: |  | Date: |  |