



Unified Government Human Resources Guide

Effective 07-26-05

VIOLENCE-FREE WORKPLACE INCIDENT REPORT

(Attach additional sheets if necessary)

Date and Time of Incident/Assault:	
Location of Incident/Assault:	
Name of Victim(s): 1. 2.	Gender of Victim(s): Victim No. 1 <input type="checkbox"/> Male <input type="checkbox"/> Female Victim No. 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Victim(s) Description: Victim No. 1: <input type="checkbox"/> Employee (Job Title _____) <input type="checkbox"/> Client <input type="checkbox"/> Visitor Victim No. 2: <input type="checkbox"/> Employee (Job Title _____) <input type="checkbox"/> Client <input type="checkbox"/> Visitor	
Assigned Work Location (if employee):	
Supervisor:	
Has supervisor been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the Incident/Assault:	
List Any Witnesses to the Incident/Assault (name and phone number):	
Was a verbal threat made, either direct, indirect or hidden? If so, what was said?	



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Did the incident/assault involve a firearm? If so, describe.

Did the incident/assault involve another weapon (not a firearm)? If so, describe.

Was the victim(s) injured? If yes, please describe.

Who committed the assault or was perpetrator of incident? (name, if known)

What is his/her status to the victim(s):

- Stranger Co-Worker
 Personal Relation Supervisor
 Client/Patient/Counselor Other If other, describe: _____

What was the gender of the person(s) who committed the incident/assault? Male
 Female

Were any agencies contacted, for example police, fire or emergency services? Yes No
If yes, please indicate which agency, and attach a copy of any reports you have available.

Please check any risk factors applicable to this incident.

- Working with money
 Working with drugs
 Working in a high-crime area
 Working late at night
 Poor lighting outside of worksite
 Other risk factor(s): _____

Do you have suggestions for steps that could be taken to avoid a similar incident in the future?

Supervisor Signature

Department Head Signature

Deliver completed form to the Human Resources Dept., Unified Gov't East Bldg., Room 646.