



Workplace Violence Incident Report

Complainant Information:

Name & Title (<i>unless a privacy concern</i>):	
Date of Incident:	Time of Incident:
Location of Incident:	

Witness Information:

Names & Titles of Witnesses (<i>if any</i>):
Contact Information of Witnesses:

Nature of Complaint:

Type of Violence (<i>e.g., physical, verbal, psychological</i>):
Description of the Incident, include details leading up to the incident & how it ended (<i>use additional paper if necessary</i>):

Any Supporting Documentation:

Attach any relevant documents or evidence (if applicable).

Nature & Extent of Injuries Arising from Incident:

Description of Injuries:

Confidentiality Statement:

All information provided on this form will be treated confidentially to the extent permitted by law. The information will only be shared with individuals who have a legitimate need to know to address the complaint and investigate the incident. *Note: If the case is a 'privacy concern case,' remove the name of the employee who was the victim of the workplace violence and enter "**PRIVACY CONCERN CASE**" in the space normally used for the employee's name. Privacy concern cases include cases involving:

- Injury or illness to an intimate body part or the reproductive system;
- Injury or illness resulting from a sexual assault;
- Mental illness;
- HIV infection;
- Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
- Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

Complainant Signature (unless privacy concern): _____

Print Name (unless privacy concern): _____

Date Submitted: _____

(Office Use Only Below Line)

Immediate Action Taken (if any):

Describe any immediate action taken by the employee or others involved:

Investigation Details:

Person Conducting Investigation:

Date of Investigation:

Summary of Investigation:

Recommendations/Actions Taken:

Recommendations for resolution:

Actions taken by the organization:

Follow-Up:

Follow-up actions required:

Date of follow-up:

Person responsible for follow-up: