

WORKPLACE VIOLENCE INCIDENT REPORT

Department/Office:
Division/College:
Date of Incident:

Type of Incident: (Check one or more)

Threat

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Communicated directly to victim | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Communicated to another person | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Note | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Other (specify) _____ | |

Intimidation

- Stalking
- Engaging in actions intended to frighten, coerce, or induce duress
- Other (specify) _____

Physical Attack

- Hitting, fighting, pushing, or shoving
- Use of object as weapon
- Use of weapon such as gun or knife
- Other (specify) _____

Property Damage

- Damage to University property
- Damage to personal property
- Other (specify) _____

Victim(s) Information: (Use numbers in this section)

Total Number of Victims	
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If victim(s) sustained physical or traumatic/emotional injury, indicate the number of victims in each of the following categories:

Physical Injury	
Medical Care Required	
Workers' Compensation Claim(s) Filed	
Trauma/Emotional Injury	
EAP/Psychological Care Provided	
Attended Trauma Debriefing	

Victim(s) Information Continued (indicate the number of victims in each category):

Sex:

Male	
Female	

Age:

18-21	
22-29	
30-39	
40-55	
Over 55	

Race:

White	
Black	
Native American	
Hispanic	
Asian American	
Other	

Perpetrator Information: (if known) _____ (Name)

- Employee
- Supervisor
- Former Employee

- Spouse/Family Member
- Customer/Client
- Stranger

Sex:

- Male
- Female

Race:

- White
- Black
- Native American
- Hispanic
- Asian American

Age:

- 18-21
- 22-29
- 30-39
- 40-55
- Over 55

If perpetrator was an employee, supervisor, or former employee, complete the following:

Employment Category:

- Official or Administrator
- Faculty
- Other Professional
- Technician or Technologist
- Administrative Support
- Service or maintenance
- Skilled craftsman
- Law Enforcement, Firefighter, Police or Guard

Length of Employment:

- Less than 1 year
- 1 – 5 years
- 5 – 10 years
- 10 – 15 years
- 15 – 20 years
- 20+ years

Have other incidents been reported regarding this perpetrator? Yes No Unknown
If so, how many? _____

Reason for Incident: (If known, check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Conflict with co-worker(s) | <input type="checkbox"/> Alcohol/drugs in the workplace |
| <input type="checkbox"/> Conflict with supervisor | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Family/domestic dispute | <input type="checkbox"/> Reduction in force |
| <input type="checkbox"/> Receiving a poor performance appraisal | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Receiving disciplinary action | <input type="checkbox"/> Racial tension |
| <input type="checkbox"/> Other _____ | |

Initial Response: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Situation defused | <input type="checkbox"/> Crisis Management Team notified |
| <input type="checkbox"/> Security called | <input type="checkbox"/> EAP consulted |
| <input type="checkbox"/> Police called | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employee placed on leave with pay pending investigation completion | |

Action Taken: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Written warning | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Transferred employee | <input type="checkbox"/> Charges filed |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> No action taken |
| <input type="checkbox"/> Other action taken (specify) _____ | |

Report submitted by: _____

Title: _____

Telephone: _____ Date: _____