



## Workplace Violence Report Form

Workplace Violence is any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment.

### Reporter/Person completing this report

Name: \_\_\_\_\_ Are you the victim?  YES  NO

Title: \_\_\_\_\_ Phone Number \_\_\_\_\_

To the best of your knowledge, was the supervisor contacted?  YES  NO

Date Incident was reported: \_\_\_\_\_

### Victim Information

Name: \_\_\_\_\_ Title (if known): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM

Location where incident occurred \_\_\_\_\_

Incident Type:  Physical Abuse  Verbal Abuse  Other \_\_\_\_\_

Name of Assailant(s): \_\_\_\_\_

\_\_\_\_\_

Witness(es) to the Incident: \_\_\_\_\_

\_\_\_\_\_

(Over)

Detailed description of the incident (attach a page if more space is needed):

Nature and extent of any injuries from the incident  None

Any additional information:

Submit this form to the District Workplace Violence Coordinator at the HR office-  
District Office

Reviewed by District Workplace Violence Administrator:

Name \_\_\_\_\_ Date: \_\_\_\_\_