

NORTHSTAR LEARNING CENTERS

53 Linden Street

New Bedford, MA 02740

(508) 984-3384 | www.northstarlc.org

Workplace Violence Incident Report Form	
Date of incident	Time
Location of incident (map and sketch on reverse side)	
Name of victim	
Describe the incident.	
List any witnesses to the incident.	
Did the incident involve a firearm or another weapon? If so, describe.	
Was the victim injured? If yes, please describe.	
Who was the perpetrator? Name if known What is their status to the victim? <input type="checkbox"/> Stranger <input type="checkbox"/> Personal Relation <input type="checkbox"/> Client / Program Participant <input type="checkbox"/> Coworker <input type="checkbox"/> Other _____	
What was the gender of the perpetrator?	
What steps have been taken or are being considered in response to the incident. Include both immediate crisis response and follow-up measures to prevent against further like occurrences.	
Completed by	Date

Send completed form to the Executive Director.