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?  □ Stranger  □ Personal Relation  □ Client / Program Participant
   □ Coworker  □ 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.