**VIOLENT INCIDENT REPORT – ATTACHMENT A**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title/Contact Information of Person Completing Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/Time** | **Location/ Department** | **Incident Description** | **Violence Committed By?[[1]](#footnote-1)** |
|  |  |  |  |

**Type of Incident:** (check all that apply)

[ ]  Physical attack (e.g. biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting) [ ]  Attack with weapon (e.g. gun, knife, other object) [ ]  Threat of force or use of weapon [ ]  Sexual assault or threat (rape or attempted rape, physical display, or unwanted verbal or physical sexual contact) [ ]  Verbal Harassment [ ]  Animal Attack [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Location Specifics:** (check all that apply)

[ ]  Office [ ]  Hallway [ ]  Restroom/Bathroom [ ]  Parking Lot [ ]  Other Area Outside Building [ ]  Personal Residence [ ]  Break Room [ ]  Cafeteria [ ]  Other

**Incident Specifics:** (check all that apply)

[ ]  Victim Performing Usual Job Duties [ ]  Poor Lighting [ ]  Rushed ☐ Working During Low Staffing Level [ ]  High Crime Area [ ]  Isolated/Alone [ ]  Unable to Get Help/Assistance [ ]  Working in Community Setting [ ]  Working in Unfamiliar/New Location

**Consequence Specifics:** (Use additional sheets if necessary)

1. The perpetrator will be classified as: (1) client or customer; (2) family or friend of a client or customer; (3) stranger with criminal intent; (4) co-worker, supervisor or manager of victim, (5) partner or spouse, parent or relative of victim, or (6) other perpetrator. [↑](#footnote-ref-1)