**VIOLENT INCIDENT REPORT – ATTACHMENT A**

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

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

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

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| --- | --- | --- | --- |
| **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)