

**WORKPLACE VIOLENCE/THREAT
OF VIOLENCE REPORTING FORM**



Workplace Violence Prevention Policy
Attachment B
Revision Date: 12/03/2013
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|--|--|------------------------------------|--------------------------|---|--|
| Date/Time of Occurrence: | | Exact Location of Occurrence: | | Tracking No: | |
| Victim Information: | | | Perpetrator Information: | | |
| Name: | | Sex: | | Name: | |
| County Department: | | County Employee: Yes No | | Sex: (select one) | |
| Work Address: | | County Department (If applicable): | | | |
| Work Telephone: | | Work Address: | | | |
| Nature of Potential Hazard: | | Telephone: | Home: | Work: | |
| Home Address: | | | | | |
| Reporting Party's Name – Optional (if different from victim): | | | | | |
| Name: | | | Work Telephone: | | |
| Description of the incident (witnesses, weapons, alcohol/drugs, etc.) (Please attach additional pages, if needed.) | | | | | |
| Police Report completed: Yes No | | (select one) | | Type of Incident: | |
| If yes: Agency _____ | | | | <input type="checkbox"/> Physical Violence | |
| Report No. _____ | | | | <input type="checkbox"/> Threat of Violence | |
| | | | | <input type="checkbox"/> Other _____ | |
| Category of Workplace Violence and action(s) taken: | | | | | |
| Type 1 | Criminal Intent – The perpetrator has no legitimate relationship to the County or its employees and is usually committing a crime in conjunction with the violence. These crimes can include robbery, shoplifting and trespassing. | | | | |
| Type 2 | Customer/Client – The perpetrator has a legitimate relationship to the County and becomes violent while being served by the County. | | | | |
| Type 3 | Worker-on-Worker – The perpetrator usually is an employee or past employee of the County who attacks or threatens another employee(s) or past employee(s) in the workplace. | | | | |
| Type 4 | Personal Relationship – The perpetrator usually does not have a relationship with the County, but has a personal relationship with the intended victim. This category includes victims of domestic violence assaulted or threatened while at work. | | | | |
| Supervisor's Name (Print or Type Name) | | | | Telephone: | |
| Supervisor's Signature | | | | Date: | |