



1791 W. Acacia Ave.
Hemet, CA 92545

WORKPLACE VIOLENCE INCIDENT REPORTING FORM

Safety/Risk
Management
951-765-5100
ext. 5910, 5900
FAX 951-765-5121

This form should be completed immediately following a workplace violence incident.

Report submitted by:	Today's Date:
Title/Position:	Telephone:
Site/Department:	Email:

Date of Incident:	Time of Incident:
Address/Location of Incident:	
(Check all that apply)	
<input type="checkbox"/> Office / Classroom	<input type="checkbox"/> Hallway
<input type="checkbox"/> Restroom/Bathroom	<input type="checkbox"/> Personal Residence
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Break Room
<input type="checkbox"/> Other Area Outside Building _____	<input type="checkbox"/> Other _____

Incident Type

<input type="checkbox"/> TYPE I INCIDENT: Workplace violence committed by a person who has no legitimate business at the worksite, including violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.	<input type="checkbox"/> TYPE III INCIDENT: Workplace violence against an employee by a present or former employee, supervisor or manager.
<input type="checkbox"/> TYPE II INCIDENT: Workplace violence directed at employees by customers, clients, patients, students, inmates or visitors.	<input type="checkbox"/> TYPE IV INCIDENT: Workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Nature of Incident

<input type="checkbox"/> PHYSICAL ATTACK – Biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching or spitting.
<input type="checkbox"/> ATTACK WITH WEAPON – Use of weapon such as gun, knife, etc. (specify)
<input type="checkbox"/> THREAT OF FORCE – Threat of force or threat of use of weapon or other object.
<input type="checkbox"/> SEXUAL ASSAULT OR THREAT – Rape or attempted rape, physical display or unwanted verbal or physical sexual contact.
<input type="checkbox"/> VERBAL HARASSMENT
<input type="checkbox"/> ANIMAL ATTACK (specify)
<input type="checkbox"/> OTHER (specify)



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Incident Circumstances (check all that apply)

<input type="checkbox"/> Victim Performing Usual Job Duties	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Rushed
<input type="checkbox"/> High Crime Area	<input type="checkbox"/> Working During Low Staffing Level	<input type="checkbox"/> Isolated/Alone
<input type="checkbox"/> Unable to Get Help/Assistance	<input type="checkbox"/> Working in Community Setting	
<input type="checkbox"/> Working in Unfamiliar/New Location	<input type="checkbox"/> Other (specify)	

Describe Incident in Detail.

Signature

Date

Person Receiving Witness Statement

Date

Consequence Specifics (check all that apply)

<input type="checkbox"/> Security Contacted/Law Enforcement Contacted (specify)	
<input type="checkbox"/> Security/Law Enforcement Response (specify)	Name of Agency and Report Number:
<input type="checkbox"/> Actions Taken to Protect from Continuing Threat or Other Hazards Identified as a Result of Incident (specify)	

Internal Routing

	Name	Name	Date
<input type="checkbox"/>	Supervisor		
<input type="checkbox"/>	Safety/Risk Management		
<input type="checkbox"/>	Security		
<input type="checkbox"/>	Human Resources		