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# **VIOLENT INCIDENT REPORT**

## **Addendum A**

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**Violent Incident Report Instructions**

The supervisor receiving a report of workplace violence must complete this form with as much detail as possible to support an investigation. The original report must be forwarded through all appropriate levels to the Human Resources Department or their Designee. The department must maintain the original form. Human Resources will maintain a copy.

**Employee Information**

Reporting Employee / Contractor: \_\_\_\_\_  
Affected Employee(s) / Contractor: \_\_\_\_\_  
Affected Employee(s) / Contractor Job Title: \_\_\_\_\_  
Facility / Patient Address: \_\_\_\_\_

**Incident Information**

Date incident occurred: \_\_\_\_\_  
Time incident occurred: \_\_\_\_\_

Specific address and detailed description of the incident and where incident occurred (i.e. empty hallway, patients' room, patients' home, bathroom):

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

## Checklist of Questions to Answer After a Violent Incident

### 1. Which type of person threatened or assaulted the Employee(s) or Contractor(s)

- Type 1:    \_\_\_    **Stranger**  
              \_\_\_    **Known**  
              \_\_\_    **Other**
- Type 2:    \_\_\_    **HH Patient**  
              \_\_\_    **Facility Patient**  
              \_\_\_    **Visitor**
- Type 3:    \_\_\_    **Current Co-worker**  
              \_\_\_    **Former Co-worker**  
              \_\_\_    **Supervisor / Manager**
- Type 4:    \_\_\_    **Current Spouse or Partner**  
              \_\_\_    **Former Spouse or Partner**  
              \_\_\_    **Employee(s) / Contractor(s) Friend**  
              \_\_\_    **Employee(s) / Contractor(s) Relative**  
              \_\_\_    **Family/friend of client or patient**

### Definitions of Violent Incident Types

**Type 1 Violence by Strangers** - Workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.

**Type 2 Violence by Customers/Patients** - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

**Type 3 Violence by Current or Past Coworkers** - Workplace violence against an employee by a present or former employee, supervisor, or manager.

**Type 4 Violence by someone with Personal Relations with an Employee** - 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.

What type of violent incident occurred (check all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> Verbally harassed    | <input type="checkbox"/> Chocked                |
| <input type="checkbox"/> Verbally Threatened  | <input type="checkbox"/> Kicked                 |
| <input type="checkbox"/> Physically Assaulted | <input type="checkbox"/> Bitten                 |
| <input type="checkbox"/> Punched              | <input type="checkbox"/> Hit with Object        |
| <input type="checkbox"/> Slapped              | <input type="checkbox"/> Threatened with Weapon |
| <input type="checkbox"/> Grabbed              | <input type="checkbox"/> Assaulted with Weapon  |
| <input type="checkbox"/> Pushed               | <input type="checkbox"/> Animal Attack          |
| <input type="checkbox"/> Other _____          |   |

2. Was a weapon used?  Yes  No

Describe the weapon used in the incident::

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3. Was/were the employee(s) / Contractor working along?  Yes  No

If not, who was/were with the employee(s) or Contractor(s) (that may have witnessed the incident?)

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4. Were there threats made before the incident occurred?  Yes  No

If yes, was it ever reported to the employee(s) supervisor or Human Resources that the employee(s) or contractor(s) was/were threatened, harassed, or was/were suspicious that the attacker may become violent?

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5. Are you willing to testify against the Respondent in Court to obtain a restraining order?  Yes  No

## Reporter Information

Report Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_