▲ Click above to insert your company logo

Replace this text with company name or delete to leave blank

Workplace Violence Incident Reporting Form

Following the event of a workplace violence incident, to help the company investigate and respond appropriately, please complete this form describing the circumstances of the incident and return it to the appropriate supervisor, HR personnel or other individual(s) designated to receive such information under the company's Workplace Violence Prevention Plan. Please be as specific as possible in order to help the company gain an accurate understanding of the incident in order to respond appropriately as part of its ongoing efforts to correct and prevent workplace violence hazards and maintain a safe working environment.

Section 1: Information About the Individual Completing Form

Name: _____

Job Title: _____

Date Completed: _____

Section 2: Information About the Incident

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Classify the nature of the location (e.g., workplace, parking lot, area outside of workplace or other area):

_____

Classify, if possible, the type of person that committed the violence (e.g., customer/client or their family member, coworker, spouse, parent, or other family member or stranger with criminal intent):

_____

Please list any additional witnesses or individuals involved in the incident:

Describe the incident in detail. If possible, try to recall and describe the circumstances surrounding the incident, including, but not limited to, whether the employee that experienced the violence was completing usual job duties, working in poorly lit areas, rushed in their duties, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in a new or unfamiliar location. Use additional sheets as needed.

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