▲ Click above to insert your company logo

Replace this text with company name or delete to leave blank

Workplace Violence Incident Log

Section 1: Information About the Individual Completing This Log

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):

_____

Workplace Violence Type (Check one box):

☐ Type 1 – Violence committed by a person who has no legitimate business at the workplace.

☐ Type 2 – Violence committed by a customer, client, patient, student, inmate or visitor.

☐ Type 3 – Violence committed by a present or former employee, supervisor or manager.

☐ Type 4 – Violence committed by a nonworker with a personal relationship with the employee.

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

_____

Type of Incident (Check all boxes that apply):

☐ Physical attack without a weapon (e.g., punching, kicking, spitting, biting, choking, grabbing or pushing).

☐ Attack with a weapon or other object (e.g., firearm or knife).

☐ Threat of physical force or use of weapon or other object.

☐ Sexual assault or threat of sexual assault (e.g., rape, attempted rape, or physical display).

☐ Animal attack.

☐ Other: _____

Describe the incident in detail* (use additional sheets as needed):

*The description must include a classification of circumstances including, but not limited to, whether the employee 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.

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Section 3: Consequences of the Incident

☐ Check this box if security or law enforcement were contacted.

If you checked the box above, complete a description of their response:

Identify below all actions taken to protect employees from a continuing threat of violence or any other hazards identified as a result of this incident:

Identify any other consequences, if any, of this incident:

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