

This form must be used to document any reportable workplace violence incident. For any Level I incident, an employee must submit this completed form to the Department Head or supervisor within 48 hours of the occurrence. For all Level II and Level III incidents, this completed form must be submitted immediately. The Department Head or supervisor is responsible for forwarding this form to the Hazard Reduction Team and the Commissioner of Finance/HR within the same timeframes.

Victim's Name	
Job Title	
Department / Location	
Date and Time of Incident	
Location of Incident	
Name / Job Title of Individual Completing this Report	
Date Incident Report Completed	
Date Incident Report Received by HR Commissioner	
HR Commissioner Name / Signature	

List any individuals who may have witnessed this incident:

Witness Name	Witness Job Title	Witness Work Phone Number

Check the type of violence the victim experienced (Check all that apply):

Level I Violence

- Intimidation Bullying Verbal abuse Minimal harassment
- Shouting Swearing Obscene gestures False statements

Level II Violence

- Psychological Trauma Suicide threat Threats of assault Advanced harassment
- Shouted at directly Swore at directly Obscene calls Being followed or stalked

Level III Violence

- Shooting Stabbing Striking with an object Sexual assault
- Pushing Grabbing Throwing objects Homicide

Please provide a detailed description of the incident, including what happened immediately prior to the incident and how the incident ended: (use the back of this page if more room is needed)

Assailant / Perpetrator	√	Name	Address	City	State
Member of the Public	<input type="checkbox"/>				
Employee's Spouse	<input type="checkbox"/>				
Employee's Significant Other	<input type="checkbox"/>				
Employee's Supervisor	<input type="checkbox"/>				
Coworker	<input type="checkbox"/>				
Former employee	<input type="checkbox"/>				
Other (specify) _____	<input type="checkbox"/>				

Did police respond to the incident? Yes No Officer's Badge Number _____

If yes, name of the Police Department _____

Was a police report filed? Yes No Police Report Number _____

Was the victim injured? Yes No/Was Medical Treatment Obtained Yes No/Refused Yes No

If yes, please specify the injuries and the name and location of the facility that provided medical care:

Did the victim lose any work days? Yes No If yes, number of days _____

Has the victim been informed of the crisis counseling services available? Yes No

Has the victim received counseling since this incident? Yes No

Did the victim have any reason to believe that this incident might occur? Yes No

Are you aware of any measure that the Town has taken to avert this incident from occurring in the future?

Yes No Please describe: _____

Has the authorized employee representative been notified? Yes (Date) _____ No N/A

EMPLOYEE SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE

HAZARD REDUCTION TEAM DESIGNEE

DATE

For Internal Town Use Only

Indicate the steps that have been taken to mitigate future incidents of a similar nature:

Action Taken	Date Completed

Indicate any steps currently being taken by the Town to mitigate future incidents and/or any interim protective measures being taken:

Action in Progress and/or Interim Protective Measures	Estimated Date of Completion

Indicate any other worksites, if applicable, that will require similar action to mitigate future incidents:

1.
2.
3.
4.
5.