

**SEC-1 (Rev 6/11)**

Page 1 of 3

Incident Control No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work location \_\_\_\_\_  
YYMMDD-AGENCY ID - INCIDENT # BEGINNING WITH "01" EACH DAY      office / facility  
(e.g. 990203-DPW-01)

*HR personnel: please assign only one control number per incident regardless of the number of victims, perpetrators, and/or witnesses.*

**Workplace Violence Incident Report Form: Detailed** *(To be completed by Employee)*

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**General information:**

Your name: \_\_\_\_\_  
First M.I. Last Name

Male       Female

You are a:  Victim     Witness     Alleged perpetrator     Other *(specify)* \_\_\_\_\_

Employee ID No.: \_\_\_\_\_      D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's license # \_\_\_\_\_       CT     Other \_\_\_\_\_

You are a:     State employee     Visitor     Vendor/contractor     Customer  
                  Client / resident     Other *(specify)* \_\_\_\_\_

Your job title: \_\_\_\_\_

Your agency's name and address: \_\_\_\_\_

Your work location and phone number: \_\_\_\_\_

Your supervisor's name: \_\_\_\_\_

Your supervisor's address and phone number: \_\_\_\_\_

**Incident:**

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time of incident: \_\_\_\_    AM    PM

Duration of incident: \_\_\_\_\_

Security notified?     Yes     No       Do not know

Police called?       Yes     No       Do not know

If yes, which police department or state police troop? \_\_\_\_\_

**Location of incident:** \_\_\_\_\_  
(Address)

In the office of the victim       In the building where victim works

Parking lot                             Field location

Other *(specify)* \_\_\_\_\_

**Nature of incident:** *(Please check all that apply)*

Verbal abuse       Threat/threatening behavior       Intimidation

Harassment       Physical abuse                             Assault

Robbery             Pushing/shoving                             Arson

Other *(specify, e.g. vandalism, sabotage, bomb threat, suspicious letter, E-mail, voice mail, or telephone)* \_\_\_\_\_

**Injuries incurred:**

Were there any injuries?  Yes  No  Do not know

If yes, describe. \_\_\_\_\_

Was medical treatment required?  Yes  No  Do not know

If yes, what hospital/medical facility provided treatment? \_\_\_\_\_

Were there any fatalities?  Yes  No  Do not know

**Victim(s):**

Were there victims?  Yes  No  Do not know

If yes, how many? Total number of victims: \_\_\_\_ Total # male \_\_\_\_ Total # female \_\_\_\_

Please provide names and telephone numbers, if possible.

Name	Address	Home Phone	Work Phone

**Witness(es):**

Were there witnesses?  Yes  No  Do not know

If yes, how many? Total number of witnesses: \_\_\_\_\_

Please provide names and telephone numbers, if possible.

Name	Address	Home Phone	Work Phone

**Weapon(s) used:**

Yes  No  Do not know

If yes, specify:

- Gun
- BB gun
- Knife / stiletto/ switchblade
- Police baton/nightstick
- Martial arts weapon
- Electronic defense weapon
- Other (specify type) \_\_\_\_\_

**Factors: (Please check all that apply)**

- Intoxication
- Long wait for services
- Do not know
- Personal
- Gang related
- Other (specify type) \_\_\_\_\_
- Employment related
- Dissatisfied with treatment

**Support Services notified: (Please check all that apply)**

- Internal security  Yes  No  Do not know
- Local Police  Yes  No  Do not know
- State Police  Yes  No  Do not know
- Threat Assessment Team  Yes  No  Do not know
- Employee Assistance Program  Yes  No  Do not know

Date incident reported to agency human resources representative: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Alleged perpetrator(s):****Employee:**  Coworker  Supervisor  Subordinate  Former employee**Personal Relation:**  Spouse/Significant other  Other \_\_\_\_\_ Customer  Stranger  Vendor/contractor  Client/resident Do not know Other (*specify*) \_\_\_\_\_

<i>Total number of assailants/perpetrators</i>	<i>Total # male</i>	<i>Total # female</i>	<i>Do not know</i>
_____	_____	_____	_____

Do you know the alleged perpetrator?  Yes  No*If yes, please write name, address and phone numbers:*\_\_\_\_\_  
*Name*\_\_\_\_\_  
*Address*\_\_\_\_\_  
*Home Phone*\_\_\_\_\_  
*Work Phone*If *no*, please provide a complete description \_\_\_\_\_**Describe the incident:**

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***Description addendum:***