DEPARTMENT OF SOCIAL SERVICES

Incident Control No.: _____-_____-_____ Agency No. _____

YYMMDD-AGENCY ID - INCIDENT # BEGINNING WITH "01" EACH DAY

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(s) ____ Total # female(s)___

Please provide names and telephone numbers, if possible.

_____

Name Address Home Phone Work Phone

_____

Name Address Home Phone Work Phone

_____

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

_____

Name Address Home Phone Work Phone

_____

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 ☐ Personal ☐ Employment related
☐ Long wait for services ☐ Gang related ☐ Dissatisfied with treatment
☐ Do not know ☐ Other (specify type)_____

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)_____

Total number of assailants/perpetrators Total # male Total # female Do not know

_____ _____ _____ _____

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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____