



Pine Valley Workplace Violence Incident Report Form

This form should be completed immediately following a workplace violence incident.

Employee Name: _____ Employee Title: _____

Date of incident: _____ Time of incident: _____

Location of Incident: _____

Names of witnesses of the incident: _____

Work location: _____ Work Phone: _____

Employee Home address: _____ Cell/Home Phone: _____

Description of Incident (check all that apply):

- Physical/Assault Other Robbery Disorderly Conduct
- Verbal/Harassment Sexual Offense

If Other, please explain: _____

Was the assailant a (check all that apply):

- Student Parent/Legal Guardian Volunteer Student Teacher
- Co-worker Contractor/Vendor Other

If Other, please explain: _____

Assailant Name, Address, DOB, contact information (if student, also grade and parent/guardian contact info.):

- YES NO Were there injuries?
If yes, explain: _____
- YES NO Was a weapon involved?
If yes, explain: _____
- YES NO Was medical treatment required, and where did the therapy occur?
If yes, explain: _____
- YES NO Was the employee hospitalized, and where?
If yes, explain: _____
- YES NO Were the police notified, and a report filed?
- YES NO Did you miss work because of the incident?
If yes, explain: _____
- YES NO Did you/or will you apply for Workers' Compensation?
- YES NO Was counseling provided to you and witnesses who needed it?
- YES NO Did you have any reason to believe an incident might occur?

Please describe the incident in detail, including the preceding events (attach additional forms as necessary):

Completed By (name and title): _____ Date: _____