

Violence Incident Report Form

The following items serve merely as an example of what might be used or modified by employers to help prevent workplace violence.

(Sample/Draft - Adapt to your own location and business circumstances)

Confidential Incident Report

To: _____ Date of Incident: _____

Location of Incident: _____

Map/sketch on reverse side or attached

Time of Incident:

Nature of the incident: (xx all applicable boxes)

- Assaults or violent acts:
 - Type 1.
 - Type 2.
 - Type 3 .
 - Other.
- Preventative or warning report.
- Bomb or terrorist type threat.
- Transportation accident.
- Contacts with objects or equipment.
- Falls.
- Exposures.
- Fires or explosions.
- Other.

Legal counsel advised of incident. Yes No

Warning or preventative measures taken. Yes No

Number of persons affected: _____

(For each person complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)

Name of affected person(s) _____

Service Date: _____

Position: _____ Member of labor organization? Yes No

Supervisor: _____ Has supervisor been notified? Yes No

Family: _____ has been notified by? Yes No

Lost work time: _____ Yes No

Anticipated return to work: _____

Third parties or non-employee involvement. Yes No

(include contractor and lease employees, visitors, vendors, customers)

Briefly describe

1. Event(s).
2. Witnesses with addresses and status included.
3. Location details.
4. Equipment or weapon details.
5. Weather.
6. Other records of the incident (e.g., police report, recordings, videos).
7. The ability to observe and reliability of witnesses.
8. Were the parties possibly impaired because of illness, injury, drugs or alcohol (were tests taken to verify same) Yes No
9. Parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, family, etc.).
 - A. Previous or related incidents of this type? Yes No
 - B. Related incidents by this person? Yes No
 - C. Preventative steps? Yes No

Incident Response Team:

Team Leader _____
Signature Date

Violence Incident Report Form - SAMPLE

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. Date: _____

Day of week: _____

Time: _____

Assailant: _____Female _____Male

2. Specific Location: _____

3. Violence directed towards:

Patient.

Staff.

Visitor.

Other.

Assailant

Patient.

Staff.

Visitor.

Other.

Assailant's Name:

Assailant: _____Unarmed _____Armed

Weapon: _____

4. Predisposing factors:

Intoxication.

Dissatisfied with care or waiting time.

Grief reaction.

Prior history of violence.

Gang related.

Other (Describe): _____

5. Description of incident:

Physical abuse.

Verbal abuse.

Other (describe): _____

6. Injuries? _____ Yes _____ No

7. Extent of Injuries? _____

8. Detailed description of the incident: _____

9. Did any person leave the area because of incident?

Yes No Unable to determine

10. Present at time of incident:

11. Needed to call:

Police.

Security.

Other.

12. Termination of incident:

Incident diffused. Yes No

Police notified. Yes No

Assailant arrested. Yes No

13. Disposition of assailant:

- Stayed on premises.
- Escorted off premises.
- Left on own.
- Other: _____

14. Restraints used: Yes No

Type: _____

15. Report completed by: _____

Title: _____

Witnesses: _____

Supervisor notified: _____

Time: _____

Please put additional comments on reverse side of form.