

WORKPLACE VIOLENCE INCIDENT REPORT FORM

Case Number (to be provided by the SRT): _____

Date/Time Contacted	Individual Making the Contact	Date/Time of Incident

Type of Incident:	LEVEL #1 Physical Violence	Y	N
	LEVEL #2 Threatening Behavior	Y	N
	LEVEL #3 Bizarre Behavior	Y	N
	Other _____	Y	N

Complete, in detail: (additional pages may be used)

WHO (list all individuals involved)?

WHAT (detailed description of incident)?

WHEN (date/time - start & end)?

WHERE (location where the incident took place)?

Additional information:

Signature of Manager/Supervisor/Person
Completing the Report

Name of Assigned Investigator: _____ (To be Completed by HRO/SRT)

Date Investigation Completed: _____ (")