

Section 6 – FORM

The following form is to be used in reporting a Workplace Violence incident:

FORM-1 – Workplace Violence Incident Report Form

TOWN OF RIVERHEAD

Workplace Violence Incident Report Form

This form is to be used to document any reportable workplace violence incident. This form is to be completed and immediately forwarded to the Hazard Reduction Team.

Employee Name _____

Job Title _____

Location Where Incident Occurred _____

Date and Time of Incident _____

Name of Individual Completing
This Report _____

Date Incident Report Completed _____

Date Incident Report Received by
Hazard Reduction Team _____

Supervisor's Name and
Signature _____

Date Report Submitted to the Local
Office of the Dept. of Labor _____

List any individuals who may have witnessed this incident:

Witness Name, Job Title and Witness Work Phone Number

Check the Type of Violence the victim experienced (Levels I, II, or III):

Level I Violence

Intimidation Bullying Verbal Abuse Minimal Harassment
 Shouting Swearing Obscene Gestures False Statements

Level II Violence

Psychological Suicide Threats of Advanced Harassment
 Trauma Threat Assault
 Shouted at Swore at Obscene Calls Being Followed or Stalked
 Directly Directly

Level III Violence

Shooting Stabbing Striking with an Object Sexual Assault
 Pushing Grabbing Throwing Objects Homicide

Please provide a detailed description of the incident.

Assailant/Perpetrator Name Address

Member of the Public
Employee's Spouse
Employee's Significant Other
Employee's Supervisor
Co-worker
Former employee
Other (specify)

Did police respond to the incident? Yes No

If yes, please specify the name of the Police Department _____

Was a police report filed? Yes No Police Report Number _____

Were you injured? Yes No

If yes, please specify your injuries and the name/location of any treatment that you received.

Did you lose any work days? Yes No If yes, how many days _____

Have you received counseling since this incident? Yes No

Did you have any reason to believe that this incident might occur? Yes No

Has the employer taken measures of which you are aware to avert this incident from occurring in the future? Yes No Please describe:
