

**Section 6 - 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

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

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:

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

*Print name of person completing report*

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_