

Workplace Violence Report Form



Department of Support Services • Risk Management Division • MS11

The purpose of this form is to document and report acts of workplace violence, as described by the County Workplace Violence Prevention policy. Complete this form and forward to your supervisor. The completed form must be signed by the supervisor, sealed in an envelope (marked as "Confidential"), and forwarded to Human Resources (MS# 11) within one business day of the incident occurring.

Name of Reporter: _____ Department: _____ Ext: _____

Name of person who was threatened (if different than the reporter): _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of person making threat (if known): _____

Was law enforcement called? Yes No When were they called (date/time): _____

Did law enforcement respond? If yes, which agency responded? _____

How was this threat made: in Person by Telephone by Email by Mail Other

Description of Events:

Record specific details including dates, times, injuries, weapons involved, threats made, etc.

Witness Name(s) and Phone Number(s): _____

Corrective Action:

What steps are being taken to protect the employee and other County interests?

Supervisor's Name: _____ Signature: _____ Date: _____

This form must be marked as "Confidential" and forwarded to Human Resources (MS# 11).