

Workplace Violence Incident Report - CONFIDENTIAL

**Violence Incident Report**

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Day of Week of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

**Complainant**

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Job/Position: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Age (optional): \_\_\_\_\_  Male  Female

What were you doing at the time of the incident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Respondent(s)**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Age (optional): \_\_\_\_\_  Male  Female

Description: \_\_\_\_\_

\_\_\_\_\_

Relationship between employee and offender (if any)

co-worker  client  student

member of the public  other (specify) \_\_\_\_\_

Other details (e.g. use of drugs or alcohol, possession of a weapon): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Apparent motive: \_\_\_\_\_

\_\_\_\_\_

**Witness(es)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Details of the Incident**

Type of Incident: (physical injury, verbal abuse, threatening behaviour, verbal threat, written threat, damage to personal/other property) \_\_\_\_\_

Location of Incident: (attach a sketch if possible) \_\_\_\_\_

Outcome: (assailant apprehended, police called, fatal injury, medical assistance required, first aid treatment required, time lost, emotional shock or distress, legal action initiated) \_\_\_\_\_

Other Relevant Information: *(to be completed, as appropriate)*

Possible Contributing Factors: \_\_\_\_\_

Relevant Events Which Preceded the Incident: \_\_\_\_\_

Suggested Preventative/Remedial Actions: \_\_\_\_\_

**Submit this report to:**

Name: \_\_\_\_\_

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

Location: \_\_\_\_\_