

**Appendix B:  
Incident Report Forms**

**Sample Incident Report Form 1:**

This incident report was adapted from *Violence on the Job: a Guidebook for Labor and Management*, published by the Labor Occupational Health Program, University of California, Berkeley.

**Workplace Violence Incident Report Form**

**Personal Information**

Name (*optional*) \_\_\_\_\_

Male  Female

Job title \_\_\_\_\_

Facility/employer address

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

Years in current job \_\_\_\_\_

**Incident Description**

Date incident occurred \_\_\_\_\_

Time incident occurred \_\_\_\_\_

Location where incident occurred (*be specific*)

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

Describe the incident

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

Type of incident (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Grabbed                         | <input type="checkbox"/> Pushed                   | <input type="checkbox"/> Slapped               |
| <input type="checkbox"/> Kicked                          | <input type="checkbox"/> Scratched                | <input type="checkbox"/> Hit with fist         |
| <input type="checkbox"/> Hit with object                 | <input type="checkbox"/> Bitten                   | <input type="checkbox"/> Knifed (or attempted) |
| <input type="checkbox"/> Shot (or attempted)             | <input type="checkbox"/> Sexually assaulted       | <input type="checkbox"/> Assaulted with weapon |
| <input type="checkbox"/> Threatened with weapon          | <input type="checkbox"/> Verbally harassed        | <input type="checkbox"/> Verbally threatened   |
| <input type="checkbox"/> Bomb threat                     | <input type="checkbox"/> Animal attack            | <input type="checkbox"/> Robbery               |
| <input type="checkbox"/> Vandalism (employer's property) | <input type="checkbox"/> Vandalism (own property) | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Arson                           |   |  |

What type of weapon was used? How was the weapon obtained?

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Were you working alone? If no, who was with you that may have witnessed the incident?

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Were security personnel on duty at the time of the assault? If yes, was security notified? Did security respond? When?

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Who threatened or assaulted you?

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Client/customer   | <input type="checkbox"/> Patient                            | <input type="checkbox"/> Parent   |
| <input type="checkbox"/> Student           | <input type="checkbox"/> Family/friend of client or patient |                                   |
| <input type="checkbox"/> Co-worker         | <input type="checkbox"/> Supervisor/manager                 | <input type="checkbox"/> Stranger |
| <input type="checkbox"/> Passenger         | <input type="checkbox"/> Person in custody                  | <input type="checkbox"/> Animal   |
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Former spouse or partner           | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Robber/burglar    |   |                                   |

Were any threats made before the incident occurred? If yes, did you ever report to your supervisor or manager that you were threatened, harassed or suspicious that the attacker may become violent?

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### Incident Analysis

Yes  No Has this type of incident occurred before at the workplace?

What do you think were the main factors that contributed to the incident?

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What could have prevented or at least minimized the damage caused by this incident?

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### Post-Incident Response

Yes  No Did you require medical attention as a result of the incident?

Yes  No Did you miss work as a result of the incident?

Yes  No Did you apply for workers' compensation?

Yes  No Was the incident reported to a supervisor or manager?

Yes  No Was a police report filed?

Yes  No Was immediate counseling provided to affected workers and witnesses who desired it?

Yes  No Was critical incident debriefing provided to all affected staff who desired it?

Yes  No Was post-trauma (follow-up) counseling provided to all affected staff who desired it?

Yes  No Was all counseling provided by a professional counselor?

Yes  No Was the counseling effective?

Yes  No Was the victim advised about legal rights?

Report completed by \_\_\_\_\_

Department/Job Title/Union Position \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

**Sample Incident Report Form 2:**

Reprinted with permission of the Hartford Financial Services Group, Inc., *Workplace Violence Prevention Program Loss Control TIPS—Technical Information Paper Series*.

Victim's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Victim's Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

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

Victim's Social Security Number \_\_\_\_\_

Incident Date \_\_\_\_\_

Incident Time \_\_\_\_\_

Incident Location \_\_\_\_\_

Work Location (if different) \_\_\_\_\_

Type of Incident: (check one)  Assault  Robbery  Harassment  Disorderly Conduct  
 Sex Offense  Other (Please Specify) \_\_\_\_\_

(See **Definition of Incidents Worksheet**)

Were You Injured?  Yes  No

If yes, please specify your injuries and the location of any treatment

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

Did Police Respond to Incident  Yes  No

What Police Department \_\_\_\_\_

Police Report Filed  Yes  No

Report Number \_\_\_\_\_

Was Your Supervisor Notified  Yes  No

Supervisor's Name \_\_\_\_\_

Was the Local Union/Employee Representative Notified  Yes  No

Who should be notified \_\_\_\_\_

Was Any Action Taken By Employer (specify) \_\_\_\_\_

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

Assailant/Perpetrator (check one)  Intruder  Customer  Patient  Resident  
 Client  Visitor  Student  Co-Worker  Former Worker  Supervisor  
 Family/Friend  Other (specify) \_\_\_\_\_

21. Assailant/Perpetrator—Name/Address/Age (if known): \_\_\_\_\_

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

Please Briefly Describe the Incident \_\_\_\_\_

Incident Disposition  No action taken  Arrest  Warning  Suspension  
 Reprimand  Other (*Please Specify*) \_\_\_\_\_

Did The Incident Involve A Weapon:  Yes  No  
Specify \_\_\_\_\_

Did You Lose Any Workdays:  Yes  No  
Specify \_\_\_\_\_

Were You Singled Out Or Was The Violence Directed At More Than One Individual \_\_\_\_\_

Were You Alone When The Incident Occurred \_\_\_\_\_

Did You Have Any Reason To Believe Than An Incident  
Might Occur  Yes  No  
Why \_\_\_\_\_

Has This Type Or Similar Incident(s) Happened To You Or Your  
Co-workers:  Yes  No  
Specify \_\_\_\_\_

Have You Had Any Counseling Or Support Since The Incident:  Yes  No  
Specify \_\_\_\_\_

What Do You Feel Can Be Done In The Future To Avoid Such An Incident \_\_\_\_\_

Was This Assailant Involved In Previous Incidents \_\_\_\_\_

Are There Any Measures In Place To Prevent Similar Incidents:  Yes  No  
Specify \_\_\_\_\_

Has Corrective Action Been Taken:  Yes  No  
Specify \_\_\_\_\_

Comments \_\_\_\_\_

## **Definition of Incidents**

### **Assault**

The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.

### **Criminal Mischief**

Intentional or reckless damaging of the property of another person without permission.

### **Disorderly Conduct**

Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or violent, numinous (mysterious) or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.

### **Harassment**

Intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in/about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

### **Larceny**

Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.

### **Menacing**

Intentionally places or attempts to place another person in fear of imminent serious physical injury.

### **Reckless Endangerment**

Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.

### **Robbery**

Forcible stealing of another's property by use of threat or immediate physical force. Victim is present and aware of theft.

### **Sex Offense**

Public Lewdness:	Exposure of sexual organs to others.
Sexual Abuse:	Subjecting another to sexual contact without consent.
Sodomy:	A deviant sexual act committed as in rape.
Rape:	Sexual intercourse without consent.