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*)

- Grabbled
- Kicked
- Hit with object
- Shot (or attempted)
- Threatened with weapon
- Bomb threat
- Vandalism (employer’s property)
- Arson
- Pushed
- Scratched
- Bitten
- Sexually assaulted
- Verbally harassed
- Animal attack
- Vandalism (own property)
- Other
- Slapped
- Hit with fist
- Knifed (or attempted)
- Sexually assaulted
- Verbally threatened
- Robbery
- Shot (or attempted)
- Verbally harassed
- Sexually assaulted
- Assaulted with weapon
-Verbally threatened
- Animal

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

__________________________
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

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

__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

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

__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

Who threatened or assaulted you?

- Client/customer
- Student
- Co-worker
- Passenger
- Spouse or partner
- Robber/burglar
- Patient
- Family/friend of client or patient
- Supervisor/manager
- Person in custody
- Former spouse or partner
- Other
- Parent
- Stranger
- Animal
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?

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?

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

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:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s Name</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Job Title</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Victim’s Address</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Work Phone Number</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Employer’s Name and Address</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Department/Section</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Victim’s Social Security Number</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Incident Date</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Incident Time</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Incident Location</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Work Location <em>(if different)</em></td>
<td>_____________________________</td>
</tr>
<tr>
<td><strong>Type of Incident:</strong> <em>(check one)</em></td>
<td>□ Assault □ Robbery □ Harassment □ Disorderly Conduct □ Sex Offense □ Other <em>(Please Specify)</em></td>
</tr>
<tr>
<td><em>(See Definition of Incidents Worksheet)</em></td>
<td></td>
</tr>
<tr>
<td>Were You Injured?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, please specify your injuries and the location of any treatment</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Did Police Respond to Incident</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>What Police Department</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Police Report Filed</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Report Number</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Was Your Supervisor Notified</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Supervisor’s Name</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Was the Local Union/Employee Representative Notified</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Who should be notified</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Was Any Action Taken By Employer <em>(specify)</em></td>
<td>_____________________________</td>
</tr>
<tr>
<td>**Assailant/Perpetrator <em>(check one)</em></td>
<td>□ Intruder □ Customer □ Patient □ Resident □ Client □ Visitor □ Student □ Co-Worker □ Former Worker □ Supervisor □ Family/Friend □ Other <em>(specify)</em></td>
</tr>
<tr>
<td>21. Assailant/Perpetrator—Name/Address/Age *(if known):</td>
<td>_____________________________</td>
</tr>
</tbody>
</table>

---

*OSHA* Occupational Safety and Health Administration
Please Briefly Describe the Incident

________________________________________________________________________

<table>
<thead>
<tr>
<th>Incident Disposition</th>
<th>No action taken</th>
<th>Arrest</th>
<th>Warning</th>
<th>Suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reprimand</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other (Please Specify)</td>
</tr>
</tbody>
</table>

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.

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