

Rowan County
Workplace Violence Incident Report

EMPLOYEE

Employee Name	Telephone: Work _____ Home _____
Work Office Address (street, city, state, zip)	Position Title
Manager's Name	Managers Telephone

AGGRESSOR INFORMATION

Name of Aggressor	Is she/he an employee? <input type="checkbox"/> yes <input type="checkbox"/> no
Date of Incident	Location of Incident
Incident was from: <input type="checkbox"/> Personal Confrontation <input type="checkbox"/> Telephone Conversation <input type="checkbox"/> Other Please Explain:	
Were there witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Provide information below and attach their statements. (Determine if witnesses prefer to remain anonymous due to the concern of retaliation by the aggressor.)	

WITNESSES (If additional Witnesses, provide information on attached sheet of paper.)

Witness 1-Name	Telephone: Work _____ Home _____
Address (street, city, state, zip)	Witness Role (i.e. employee, citizen, etc.)
Witness 2-Name	Telephone: Work _____ Home _____
Address (street, city, state, zip)	Witness Role (i.e. employee, citizen, etc.)

DESCRIPTION OF INCIDENT (Narrative, be specific) (If additional space is needed attach information on a separate sheet of paper.)

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IF ASSAULTED, answer next 6 questions.

1. What started the assault?
2. What did the assaulter say when you were assaulted?
3. What was used to hit/strike/injure you?
4. What injuries did you sustain? Was medical treatment necessary?
5. How did the assault end?
6. How did you leave the assault site?

IF THREATENED, answer next 3 questions.

1. As closely as possible, what were the Exact Words Used?
2. Was the aggressor in a position to carry out the threat immediately?
3. How serious do you believe the threat was and why?

EMPLOYEE RELATED ACTIONS (Employee must complete next two questions whether a threat or assault)

1. What actions were taken by the employee? (e.g. obtained medical treatment, used sick leave/vacation, etc.)
2. What specific actions from Employer does employee request related to assault/threat? If none, so indicate.

LAW ENFORCEMENT INFORMATION (Manager, Employee, etc. Attach copy of police report when possible.)

Law Enforcement Agency Contacted - Name of Person/Officer Helping	Date Contacted	Telephone Number ()
Was a written report completed? <input type="checkbox"/> yes <input type="checkbox"/> no What action was promised?		

MANAGER ACTIONS

Directions given to Employee (i.e. go home, go to hospital, etc.)

Manager Recommendation: ☐ Prosecution ☐ Restraining Order ☐ Letter to aggressor ☐ Other, please specify:

LEGAL COUNSEL ACTION(S)

Actions Taken:

NOTIFICATION DATES

Received:	Employee Notified of Chosen Action: <input type="checkbox"/> Yes <input type="checkbox"/> No	Risk Manager Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Department Director Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	EAP Utilized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Employee and Management notified of other options that can be pursued personally? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURES

Employee: _____

Date: _____

Supervisor/Manager: _____

Date: _____