# Location Name

# Workplace Violence Incident Log\*

## Section 1: Information About the Individual Completing This Log

Name:

Job Title:

Date Completed:

## Section 2: Information About the Incident

Date of Incident:

Time of Incident:

Location of Incident:

Describe the nature of the location (e.g., workplace, parking lot, area outside of workplace, or other area):

Workplace Violence Type (Check one box):

 Type 1 – Violence committed by a person who has no legitimate business at the workplace.

 Type 2 – Violence committed by a parishioner, customer, patron, client, student, parent, volunteer or visitor.

 Type 3 – Violence committed by a present or former employee, supervisor or person in charge.

 Type 4 – Violence committed by a nonworker with a personal relationship with the employee.

Classify the type of person committing the violence (e.g., customer/client or family member, coworker, spouse, parent or other family member or stranger with criminal intent):

Type of Incident (Check all boxes that apply):

 Physical attack without a weapon (e.g., punching, kicking, spitting, biting, choking, grabbing or pushing).  Attack with a weapon or other object (e.g., firearm or knife).

 Threat of physical force or use of weapon or other object.

 Sexual assault or threat of sexual assault (e.g., rape, attempted rape, or physical display).  Animal attack.

 Other:

Was employee injured? [ ]  Yes [ ]  No

Describe the incident in detail, but do not use the names of the individuals involved\* (use additional sheets as needed):

\*The description must include a description of circumstances including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed in duties, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in a new or unfamiliar location.

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## Section 3: Response to the Incident

* Check this box if security or law enforcement were contacted.

Agency Name: Case Number, if applicable:

If you checked the box above, describe the response:

Were Employee Assistance Program services provided? ☐Yes ☐No

Was Employee provided Workers Compensation information? ☐Yes ☐No

**Section 4: Investigation and Corrective Action**:

Results of investigation:

Identify all corrective actions taken to protect employees from a continuing threat of violence or any other hazards identified as a result of this incident:

Identify other results, if any, arising out of this incident: