**WORKPLACE VIOLENCE INCIDENT REPORT FORM**

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |

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| **WORKPLACE VIOLENCE INCIDENT INFORMATION** | | | | | | | | |
| **DATE OF INCIDENT:** | |  | | | |  | **TIME OF INCIDENT:** |  |
| **NAME OF PERSON DEMONSTRATING PROHIBITED BEHAVIOR:** | | | | | | |  | |  |
| **NAME OF VICTIM:** | | | | | | |  | |  |
| **LOCATION:** |  | | | | | | | |
| **SPECIFIC AREA OF LOCATION:** | | | |  | | | | |
| **ADDITIONAL PERSON(S) INVOLVED:** | | |  | | | | | |
| **WITNESSES:** | | |  | | | | | |
|  | | | | |  | | | |
| **INCIDENT DESCRIPTION INCLUDING ANY EVENTS LEADING TO OR IMMEDIATELY FOLLOWING THE INCIDENT:** | | | | | | | | |
|  | | | | | | | | |
| **NAMES OF SUPERVISORY STAFF INVOLVED ALONG WITH THEIR RESPONSE TO THE INCIDENT:** | | | | | | | | |
|  | | | | | | | | |
| **RESULTING ACTION EXECUTED, PLANNED, OR RECOMMENDED:** | | | | | | | | |
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| **POLICE REPORT FILED?** | |  | |  | **PRECINCT:** |  | | | |
| **REPORTING OFFICER:** | |  | |  | **PHONE:** |  | | | |
| **POLICE ACTION TAKEN:** | |  | | | | | | | |
| **REPORTING STAFF NAME:** |  | | **REPORTING STAFF SIGNATURE:** | |  | | **DATE:** |  |
| **SUPERVISOR NAME:** |  | | **SUPERVISOR SIGNATURE:** | |  | | **DATE:** |  |

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