



Addendum A – Violent Incident Report

Violent Incident Report Instructions

The supervisor receiving a report of workplace violence must complete this form with as much detail as possible to support an investigation. The original report must be sent to the HR Department representative. Nerds on Call's HR department must maintain the original form.

Employee Information

Reporting Employee: _____
Affected Employee(s): _____
Affected Employee(s) Job Title(s): _____
Department: _____
Facility Address: _____

Incident Information

Date incident occurred: _____
Time incident occurred: _____
Specific address and detailed description of description where incident occurred (i.e. empty hallway, warehouse bathroom):

Definitions of Violent Incident Types

- Type I violence: workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- Type II violence: workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- Type III violence: workplace violence against an employee by a present or former employee, supervisor, or manager.
- Type IV violence: workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Checklist of Questions to Answer After a Violent Incident

1. Which type of person threatened or assaulted the employee(s)?

Type I: Stranger Thief/Suspect Other

Type II: Client/Customer Passenger Person in Custody
 Patient Visitor Other

Type III: Current Co-worker Former Co-worker Supervisor/ Manager Other

Type IV: Current Spouse or Partner Former Spouse or Partner Employee's Friend
 Employee's Relative Family/friend of client or patient Other

If Other has been selected, please describe: _____

2. What type of violent incident occurred (check all that apply)?

- Verbally harassed Verbally Threatened Physically Assaulted Punched
- Slapped Grabbed Pushed Choked Kicked Bitten Animal Attack
- Hit with Object Threatened with Weapon Assaulted with Weapon

Other (Describe): _____

3. Was a weapon used? Yes No

Describe the incident:

4. Was/were the employee(s) working alone? Yes No

If not, who was/were with the employee(s) that may have witnessed the incident?

5. Were there threats made before the incident occurred? Yes No Unknown

If yes, was it ever reported to the employee's supervisor or manager that the employee(s) was/were threatened, harassed, or was/were suspicious that the attacker may become violent?

6. Are you willing to testify against the Respondent in Court to obtain a restraining order?

Yes No

Reporter Information

Report Completed By: _____

Department/Job Title: _____

Date: _____ Phone Number: _____

Email: _____

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