

VIOLENCE REPORT FORM

TO THE TARGET EMPLOYEE: To the extent possible, your report will be treated confidentially, considered carefully and promptly investigated. No action will be taken against you for making your report so long as you believe the report is valid. Please complete the report as specifically as possible and forward immediately to Risk Management.

TO: **RISK MANAGEMENT** DATE: _____

FROM: (Name) _____

JOB TITLE : _____

DEPARTMENT: _____

WHO WAS THE PERPETRATOR: (Supervisor, Co-Worker, Member of the Public)

_____	_____
Name	Relationship to You

DESCRIBE INCIDENT: (Be specific. Include date, location of all incidents. Add extra pages if necessary)

OVER

Exhibit 12

WHAT EFFECT DID THIS CONDUCT HAVE ON YOU? _____

LIST ANY WITNESSES TO THE INCIDENT.

Name:

Department/Job Title:

_____	_____
_____	_____
_____	_____

LIST EVIDENCE (IF ANY) TO THE INCIDENT. (Letters, memos, voice mail tapes, etc.)

WHAT OTHER FACTS MAY BE HELPFUL TO OUR INVESTIGATION?

DATE:

SIGNATURE