

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 Public):

Name: _____ Relationship to you: _____

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

COMPLETE OTHER SIDE

What effect did this conduct have on you: _____

List any witnesses to the incident:

Name: _____ Department/Title: _____

Name: _____ Department/Title: _____

Name: _____ Department/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: _____