

# Workplace Violence Incident Report

Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Names and job titles of involved employees, students, parents, or visitors:

---

---

---

---

Names or identifiers of other involved individuals:

---

---

---

---

Names of witnesses:

---

---

---

Describe the events leading up to the incident (attach separate sheet if needed):

---

---

---

---

---

---

Describe the incident, including how it occurred (attach separate sheet if needed):

---

---

---

---

---

---

---

---

Describe or list any illnesses or injuries:

---

---

---

---

By signing this Report, I am certifying that the information contained in it, as well as any attached sheets, is truthful and accurate.

\_\_\_\_\_  
Employee Signature

Dated: \_\_\_\_\_

-----  
This section is to be completed by the Supervisor, Building Principal, or Human Resources representative.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Report Received: \_\_\_\_\_

Personal Privacy Case:    Yes                      No