



WORKPLACE VIOLENCE INCIDENT REPORT

This form should be completed the same or next work day, signed by you and your department head, and distributed to the Human Resources Department.

In case of an incident or injury, please follow your Department's emergency procedures.

Date of Incident:			Time of Incident:		
Location of Incident:					
Victim	Victim Name:		Title:		
	Department:		Supervisor:		
	Work Address:		Phone:		
Suspect	Suspect Name:				
	Suspect Address:				
	Suspect's Actions:				
	<input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Kicking <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Slapping <input type="checkbox"/> Threatening with Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other:				
Narrative of the Incident:					
Witnesses:					
Describe Personal Injury Sustained:					

Describe Property Damage/Stolen:	
If appropriate, were others notified? (i.e. law enforcement agency, friends, coworkers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who was notified?	
When did the notification take place?	
How did the notification take place?	

Employee Name/Signature: _____

Print Name	Signature
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Department Head/Signature: _____

Print Name	Signature
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***Note:** This form should be used to report acts or threats of violence, intentional property damage or theft. Workplace accidents (for example, slipping and falling) should be reported on the “Employee Incident and Accident” form, which is located on the Intranet under HR forms.

The identities of victims of violence are protected in **Privacy Concern Cases**. Upon their request, the victim’s name will be removed from copies of this report if the following injuries/illnesses are sustained: injury or illness to an intimate body part or reproductive system; injury or illness as a result of a sexual assault; mental illness; HIV infection; needle stick injuries and cuts from objects that may be contaminated with blood or potentially infectious material; other injuries or illness for which the employee requests his or her name not be entered on the report.

Protection from Retaliation: The County of Erie will not in any way retaliate against an individual who files a Workplace Violence incident report or makes a complaint of Workplace Violence, or against any participant in any investigation, nor will it permit any supervisor/manager or employee to do so.

Distribution:

_____ Human Resources

_____ Commissioner of Erie County Department of Personnel