



# Anne Arundel County Workplace Violence Incident Documentation Sheet and Incident Witness Report

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Employee Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

***If not an Anne Arundel County employee:***

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give the following information:

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

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

Who else was there? *(Name other employees present/eyewitnesses.)* \_\_\_\_\_

\_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any bodily harm or property damage that occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible]

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Describe what happened and when:

[illegible]

Has this type of incident occurred before at the workplace? \_\_\_\_\_

What in your opinion could have prevented or at least minimized the damage caused by this incident?

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*(Please attach additional pages as necessary.)*

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***To be completed by Supervisor or Manager:***

**Attach the following items if applicable (and available):**

**Attached?**

Discussion Notes from interview with employee named \_\_\_\_\_

First Report of Injury (Workers' Compensation) \_\_\_\_\_

Accident Report(s) \_\_\_\_\_

Police Report(s) \_\_\_\_\_

Damage Estimates/Bills \_\_\_\_\_

All Witness Reports \_\_\_\_\_

Any other documentation available or known by you. \_\_\_\_\_

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Printed Name of Person Making this Report: \_\_\_\_\_

☐ Witness

☐ Victim

☐ Accused

☐ Manager

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Extension: \_\_\_\_\_

MS No. \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Extension: \_\_\_\_\_

MS No. \_\_\_\_\_