Appendix A: Violent Incident Investigation Form

This form must be completed for every record of violence in the workplace.

Incident ID #*:	Date and Time of Incident:	Location/Department:
Specific Location of Incident:		

** Do not identify the employee by name, employee #, or SSN. The Incident ID must not reflect the employee's identity)*

Describe Incident (Include additional pages if needed):

Workplace Violence Type (select one)

- ☐ Type 1: Criminal Intent (robbery, shoplifting, trespassing, etc.)
- ☐ Type 2: Customer/Patron/Visitor (relationship to business)
- ☐ Type 3: Worker-on-worker (co-worker, supervisors, managers, or former worker)
- ☐ Type 4: Personal Relationship (Perpetrator has relationship w/spouse, partner, family, or former

Who Committed Violence (select one)

- ☐ Customer/Client
- ☐ Family/Friend of Client
- ☐ Stranger w/Criminal Intent
- ☐ Coworker/Supervisor/Manager
- ☐ Partner/Spouse
- ☐ Parent/Relative
- ☐ Other

Employee Circumstances at the time of the incident (select all that apply)

Environmental Factors	Staffing Factors	Work Duties
☐ Isolated or alone	☐ Rushed	☐ Performing normal duties
☐ Unfamiliar or new location	☐ Working at low staffing levels	☐ Working in an unfamiliar or new job
☐ Poor lighting	☐ Unable to get help or assistance	☐ Newly hired (within 6 months)
☐ High-crime area		

Location Circumstances (select one)

☐ Regular job location/department	☐ Jobsite (for field work)	☐ Parking or garage
☐ Lobby	☐ Restroom	☐ Offsite (client, delivery location, other)
☐ Personal Residence/Virtual	☐ Breakroom	☐ Outside of building
☐ Other:		

Type of Incident (select all that apply):

Physical Attack Without a Weapon	Threat of Physical Force or Use of Weapon/Object	
☐ Grabbed/pushed/kicked/scratched	☐ Verbal Threat or Harassment	☐ Sexual Threat, Harassment, or Assault
☐ Slapped or Hit with a Fist	☐ Threat of Physical Force	☐ Animal Attack
Attack with a Weapon or Object	☐ Threat of use of Weapon or Object	☐ Arson
☐ Hit with an Object	☐ Bomb Threat	☐ Robbery
☐ Shot (or attempted)	**Vandalism**	☐ Other
☐ Knife (or attempted)	☐ Vandalism (of Victim's Property)	
☐ Knife (or attempted)	☐ Vandalism (of Employer's Property)	

Consequences of incident

Support offered (EAP)? ☐ Yes ☐ No ☐ NA Law enforcement called? ☐ Yes ☐ No Security contacted? ☐ Yes ☐ No

Did anyone assist to help conclude the event? ☐ Yes ☐ No Other info (if any): _____ _____

Actions taken by the organization to protect employees from a continuing threat? ☐ Yes ☐ No Describe: _____

Completed by:

Name:	Title:	Date:
Telephone:	Email:	

Signature:	Telephone: