**WORKPLACE VIOLENCE INCIDENT REPORT TEMPLATE**

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |

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| **WORKPLACE VIOLENCE INCIDENT INFORMATION** |
| **DATE OF INCIDENT:** |  |  | **TIME OF INCIDENT:** |  |
| **NAME OF PERSON DEMONSTRATING PROHIBITED BEHAVIOR:** |  |  |
| **NAME OF VICTIM:** |  |  |
| **LOCATION:** |  |
| **SPECIFIC AREA OF LOCATION:** |  |
| **ADDITIONAL PERSON(S) INVOLVED:** |  |
| **WITNESSES:** |  |
|  |  |
| **INCIDENT DESCRIPTION INCLUDING ANY EVENTS LEADING TO OR IMMEDIATELY FOLLOWING THE INCIDENT:** |
|  |
| **NAMES OF SUPERVISORY STAFF INVOLVED ALONG WITH THEIR RESPONSE TO THE INCIDENT:** |
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| **RESULTING ACTION EXECUTED, PLANNED, OR RECOMMENDED:** |
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| --- | --- | --- | --- | --- |
| **POLICE REPORT FILED?** |  |  | **PRECINCT:** |  |
| **REPORTING OFFICER:** |  |  | **PHONE:** |  |
| **POLICE ACTION TAKEN:** |  |
| **REPORTING STAFF NAME:** |  | **REPORTING STAFF SIGNATURE:** |  | **DATE:** |  |
|  **SUPERVISOR NAME:** |  | **SUPERVISOR SIGNATURE:** |  | **DATE:** |  |

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