

Incident Report for Workplace Violence

To be completed by the individual investigating the incident. Consult with the Office of Human Resources, Employee and Labor Relations, 1590 N. High St. Suite 300, Columbus, OH, 43201-2190, (614) 292-2800.

1. Person completing form: Date _____

Name _____ Phone _____

Campus address _____

Title _____ E-mail _____

2. Individuals involved in the incident (use additional sheet for additional individuals):

Name _____ Name _____

Title _____ Title _____

Phone _____ Phone _____

Immediate supervisor _____ Immediate supervisor _____

Manager _____ Manager _____

Union _____ Union _____

3. On an attached sheet, describe the incident (Give details: what was said/done, when, where, and how).

4. On an attached sheet, list all witnesses (Name, title, unit/department, phone number, e-mail; attach any documentation you have).

5. Any prior history of violence with any of the individuals involved?

Yes No Unknown

On an attached sheet:

A. Provide background details (violence, weapon possession, personal problems, drugs/alcohol history, etc.).

B. Describe potential warning signs observed/reported (behavior, conduct, stress).

6. Action taken:

Manage internally Refer to Crisis Assessment Team No action needed

Completed by _____ Position _____ Phone _____

7. Re-evaluate action. Identify and implement new measures as indicated.