

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**.

SECTION 1: PERSON COMPLETING FORM

Full Name: First	M.I.	Last	Date
Campus Mail Address			
Title	Email Address		Phone Number

SECTION 2: INDIVIDUALS INVOLVED IN THE INCIDENT (use additional sheet for additional individuals)

Name	Title	Phone Number
Immediate Supervisor	Manager	Union
Name	Title	Phone Number
Immediate Supervisor	Manager	Union

SECTION 3: DESCRIPTION OF INCIDENT

On an attached sheet:

- A. Describe the incident** (give details: what was said/done, when, where and how).
- B. List all witnesses** (name, title, unit/department, phone number, email; attach any documentation you have).

SECTION 4: BACKGROUND

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).

SECTION 5: ACTION TAKEN

Manage internally Refer to Crisis Assessment Team No action needed

Completed by	Position	Phone Number
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Re-evaluate action. Identify and implement new measures as indicated.