

Workplace Violence Incident Report Form

I. CITY OF PHILADELPHIA II. [Enter Department Name Here] Workplace Violence Report	1. DIVISION	2. UNIT	3. PAYROLL #
	4. NAME (Last) (First) (M.I.)		

PART I: EMPLOYEE IDENTIFICATION

5. JOB TITLE	6. DATE OF BIRTH / /	7. SEX <input type="checkbox"/> 1-MALE <input type="checkbox"/> 2-FEMALE
8. WORK ADDRESS (Street)	9. ZIP CODE	10. HOME PHONE () 11. WORK PHONE ()
12. SUPERVISOR	13. ADMINISTRATOR	14. WORK ASSIGNMENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> NON-ROUTINE
15. WITNESSES: Last First MI Phone # Job Title (If Applicable)		
WITNESS#1: ()		
WITNESS#2: ()		
WITNESS#3: ()		

PERPETRATOR INFORMATION

16. NAME (Last) (First) (M.I.)	17. DATE OF BIRTH / /	18. SEX <input type="checkbox"/> 1-MALE <input type="checkbox"/> 2-FEMALE
19. EMPLOYEE RELATION <input type="checkbox"/> 1-CO-WORKER <input type="checkbox"/> 2-SUPERVISOR <input type="checkbox"/> 3-CLIENT <input type="checkbox"/> 4-PUBLIC/STRANGER <input type="checkbox"/> 5-SPOUSE <input type="checkbox"/> 6-SIGNIFICANT OTHER <input type="checkbox"/> 7-FAMILY MEMBER <input type="checkbox"/> 8-FRIEND/ACQUAINTANCE <input type="checkbox"/> 9-OTHER (Specify) SS# or Driver's License #		
20. ADDRESS	21. ZIP CODE	22. PHONE () 23. OCCUPATION
24. CASE HISTORY INFORMATION (If Applicable)		

25. DATE OF INCIDENT / /20__	26. TIME OF INCIDENT A.M. P.M.	27. DATE INCIDENT REPORTED	28. TIME INCIDENT REPORTED / /20__	29. USUAL / NORMAL WORK HOURS A.M. P.M.
30. ROTATING SHIFT 1-YES 2-NO	31. OVERTIME 1-YES 2-NO	32. SHIFT WORK 1-YES 2-NO		33. DATE OF HIRE / /

***NOTE* COMPLETE ONLY ONE SECTION:**

34. <input type="checkbox"/> INSIDE	35. ADDRESS / BUILDING NAME	36. EXACT LOCATION AT ADDRESS (Floor, Area, etc.)
37. <input type="checkbox"/> OUTSIDE	38. LOCATION / INTERSECTION	

PART II: DESCRIPTION OF INCIDENT (Use additional sheets if necessary)

39. INCIDENT TYPE 1-ASSAULT 2-NEAR-MISS 3-THREAT 4-HARASSMENT 5-INTIMIDATION 6-OTHER SPECIFY:	40. IOD 1-YES 2-NO
41. WEAPON <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO	42. TYPE / DESCRIPTION OF WEAPON:
43. POLICE CONTACTED <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO D.C. # _____	44. PROTECTIVE ORDER / COURT DATE 1-YES 2-NO / /
45. EVIDENCE OF THREAT/ASSAULT/HARASSMENT? 1-YES 2-NO SPECIFY	
46. DESCRIBE INCIDENT IN DETAIL: WHAT, HOW, WHY; THREAT (S) OR VIOLENT ACT (S) CONDUCTED BY THE ALLEGED PERPETRATOR PRIOR TO THIS INCIDENT? WHAT SPECIFIC LANGUAGE WAS USED IN THE ASSAULT OR THREAT? (Use additional paper if necessary).	
47. WORK ASSIGNMENT: PLEASE CHECK THE MOST APPROPRIATE CATEGORY <input type="checkbox"/> A. Routine/Normal <input type="checkbox"/> B. Non-Routine/Special Assignment <input type="checkbox"/> C. Emergency Response/Assignment <input type="checkbox"/> D. Other	

48. EMPLOYEE SIGNATURE	49. DATE / /20
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PART III: FUNDAMENTAL CAUSE AND CORRECTIVE ACTION / TO BE COMPLETED BY SUPERVISOR OR SAFETY/OFFICE OR (CRISIS RESPONSE TEAM MEMBER)

50. DISCUSS POSSIBLE FUNDAMENTAL CAUSE (S) OF INCIDENT:

51. LIST OR DESCRIBE ALL RECOMMENDED CORRECTIVE ACTIONS:

52. DATE RECOMMENDATIONS IMPLEMENTED

/ /20

PART IV: SIGNATURE AND DATE

53. DEPARTMENT SAFETY OFFICER / SUPERVISOR SIGNATURE

54. DATE

/ /20