

SEC-1 (Rev 6/11)

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Incident Control No.: _____ - _____ - _____ Work location _____
YYMMDD-AGENCY ID - INCIDENT # BEGINNING WITH "01" EACH DAY office / facility
(e.g. 990203-DPW-01)

HR personnel: please assign only one control number per incident regardless of the number of victims, perpetrators, and/or witnesses.

Workplace Violence Incident Report Form: Detailed (To be completed by Employee)

Today's date: ____/____/____

General information:

Your name: _____
First M.I. Last Name

Male Female

You are a: Victim Witness Alleged perpetrator Other (specify) _____

Employee ID No.: _____ D.O.B. ____/____/____

Driver's license # _____ CT Other _____

You are a: State employee Visitor Vendor/contractor Customer
 Client / resident Other (specify) _____

Your job title: _____

Your agency's name and address: _____

Your work location and phone number: _____

Your supervisor's name: _____

Your supervisor's address and phone number: _____

Incident:

Date of incident: ____/____/____ Time of incident: ____ AM PM

Duration of incident: _____

Security notified? Yes No Do not know

Police called? Yes No Do not know

If yes, which police department or state police troop? _____

Location of incident: _____
(Address)

In the office of the victim In the building where victim works

Parking lot Field location

Other (specify) _____

Nature of incident: (Please check all that apply)

Verbal abuse Threat/threatening behavior Intimidation

Harassment Physical abuse Assault

Robbery Pushing/shoving Arson

Other (specify, e.g. vandalism, sabotage, bomb threat, suspicious letter, E-mail, voice mail, or telephone) _____

Injuries incurred:

Were there any injuries? Yes No Do not know

If yes, describe. _____

Was medical treatment required? Yes No Do not know

If yes, what hospital/medical facility provided treatment? _____

Were there any fatalities? Yes No Do not know

Victim(s):

Were there victims? Yes No Do not know

If yes, how many? Total number of victims: ____ Total # male ____ Total # female ____

Please provide names and telephone numbers, if possible.

Name	Address	Home Phone	Work Phone

Witness(es):

Were there witnesses? Yes No Do not know

If yes, how many? Total number of witnesses: _____

Please provide names and telephone numbers, if possible.

Name	Address	Home Phone	Work Phone

Weapon(s) used:

Yes No Do not know

If yes, specify:

- Gun
- BB gun
- Knife / stiletto/ switchblade
- Police baton/nightstick
- Martial arts weapon
- Electronic defense weapon
- Other (specify type) _____

Factors: (Please check all that apply)

- Intoxication
- Long wait for services
- Do not know
- Personal
- Gang related
- Other (specify type) _____
- Employment related
- Dissatisfied with treatment

Support Services notified: (Please check all that apply)

- Internal security Yes No Do not know
- Local Police Yes No Do not know
- State Police Yes No Do not know
- Threat Assessment Team Yes No Do not know
- Employee Assistance Program Yes No Do not know

Date incident reported to agency human resources representative: ____/____/____

Alleged perpetrator(s):**Employee:** Coworker Supervisor Subordinate Former employee**Personal Relation:** Spouse/Significant other Other _____ Customer Stranger Vendor/contractor Client/resident Do not know Other (*specify*) _____

<i>Total number of assailants/perpetrators</i>	<i>Total # male</i>	<i>Total # female</i>	<i>Do not know</i>
_____	_____	_____	_____

Do you know the alleged perpetrator? Yes No*If yes, please write name, address and phone numbers:*

_____	_____
<i>Name</i>	<i>Address</i>

_____	_____
<i>Home Phone</i>	<i>Work Phone</i>

If *no*, please provide a complete description _____**Describe the incident:**

Description addendum: