

# Employee Workplace Violence Incident Report Form

The Workplace Violence Incident Report Form ("Form") may be used by **employees** to report and record incidents of "Workplace Violence" as defined below to San Luis Obispo County Community College District.

"Workplace Violence" means any act of violence or threat of violence that occurs in the San Luis Obispo County Community College District's workplace(s).

Information recorded in the Form should be based on the employee's personal knowledge as the employees who experienced an incident of Workplace Violence or witnessed an incident of Workplace Violence.

If the form is completed by an employee representative, the representative must provide all information report or known.

<b>Date of Report</b>	<b>Date of Incident</b>	<b>Time of Incident</b> am/pm	<b>Employee or Designated Representative Completing Report</b> Name:
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<b>Incident Location</b> <input type="checkbox"/> Office <input type="checkbox"/> Parking Lot <input type="checkbox"/> Offsite/Outside Workplace <input type="checkbox"/> Breakroom <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____	<b>Workplace Violence Type (Check One)</b> <input type="checkbox"/> <b>Type 1 Violence:</b> Workplace Violence committed by a person who has no legitimate business at the worksite (includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime). <input type="checkbox"/> <b>Type 2 Violence:</b> Workplace Violence directed at employees by customers, clients, patients, students, inmates, or visitors. <input type="checkbox"/> <b>Type 3 Violence:</b> Workplace Violence against an employee by a present or former employee, supervisor, or manager. <input type="checkbox"/> <b>Type 4 Violence:</b> Workplace Violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.
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<b>Type of Incident (Check All that Apply)</b> <input type="checkbox"/> Physical attack without a weapon, e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, spitting. <input type="checkbox"/> Attack with a weapon/object, e.g., firearm, knife, other object. <input type="checkbox"/> Threat of physical force/threat of the use of a weapon/other object. <input type="checkbox"/> Sexual assault/threat. e.g., rape, attempted rape, physical display, unwanted verbal/physical sexual contact. <input type="checkbox"/> Animal Attack. <input type="checkbox"/> Other: _____	<b>Perpetrator Classification (Check One)</b> <input type="checkbox"/> Client/Customer <input type="checkbox"/> Family/Friend of a client/customer <input type="checkbox"/> Stranger with criminal intent <input type="checkbox"/> Coworker <input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent/Relative <input type="checkbox"/> Other: _____	<b>Circumstances at Time of Incident (Check All that Apply)</b> <input type="checkbox"/> Employee was completing usual job duties. <input type="checkbox"/> Employee was working in poorly lit areas. <input type="checkbox"/> Employee was rushed. <input type="checkbox"/> Employee was working during a low staffing level. <input type="checkbox"/> Employee was isolated or alone. <input type="checkbox"/> Employee was unable to get help or assistance. <input type="checkbox"/> Employee was working in a community setting. <input type="checkbox"/> Employee was working in an unfamiliar or new location.
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**Detailed Description of Incident (Including description of location and circumstances surrounding Workplace Violence incident; attach additional pages if necessary)**

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Lined area for notes or details.

**Authorities Contacted**

- Law Enforcement
- Security
- Other: \_\_\_\_\_

**If law enforcement/security was contacted, please detail their response:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For District Use Only:**

**Employee Name/Title Receiving Form:** \_\_\_\_\_

**Date Form Received:** \_\_\_\_\_