**Workplace Violence Incident
Report Template**

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| --- | --- | --- | --- | --- |
| **Reported by:** |  |  | **Date of report:** |  |
| **Title / Role:** |  |  | **Incident no.:** |  |

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| --- |
| Workplace Violence Incident Information |
| **Date of incident:** |  | **Time of incident:** |
|  |  |  |
| **Name of person engaging in prohibited behavior:** |  | **Name of victim:** |
|  |  |  |
| **Location:** |  | **Specific area of location:** |
|  |  |  |
| **Additional person(s) involved:** |  | **Witnesses:** |
|  |  |  |

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| **Incident description (including any events leading to or immediately following the incident):** |
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| **Names of supervisory staff involved (along with their response to the incident):** |
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| --- |
| **Resulting action(s) recommended, planned, or executed:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Police report filed?** |  | **Precinct:** |
|  |  |  |
| **Reporting officer:** |  | **Phone:** |
|  |  |  |
| **Police action taken:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Reporting staff name** |  | **Reporting staff signature** |  | **Date** |
|  |  |  |  |  |
| **Supervisor name** |  | **Supervisor signature** |  | **Date** |

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