

**APPENDIX 1  
INCIDENT REPORT FORM**

1. VICTIMS NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_
2. VICTIMS ADDRESS: \_\_\_\_\_
3. PREFERRED CONTACT NUMBER: \_\_\_\_\_
4. EMPLOYERS NAME AND ADDRESS: \_\_\_\_\_
5. WITNESS(ES) NAME(S): (if employee give title) \_\_\_\_\_
6. OTHER CONTACT NAMES: \_\_\_\_\_
7. DEPARTMENT/SECTION: \_\_\_\_\_
8. INCIDENT DATE \_\_\_\_\_
9. INCIDENT TIME: \_\_\_\_\_
10. INCIDENT LOCATION: \_\_\_\_\_
11. WORK LOCATION (if different): \_\_\_\_\_
12. TYPE OF INCIDENT: (circle one): Assault, Robbery, Harassment, Disorderly Conduct, Sex Offense, Other. (Please Specify)

\_\_\_\_\_

13. WERE YOU INJURED: (circle): Yes No

If yes, please specify your injuries and the location of any treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. DID POLICE RESPOND TO INCIDENT: Yes No

15. WHAT POLICE DEPARTMENT: \_\_\_\_\_

16. POLICE REPORT FILED: Yes No

REPORT NUMBER: \_\_\_\_\_

17. WAS YOUR SUPERVISOR NOTIFIED: Yes No

18. SUPERVISORS NAME: \_\_\_\_\_

19. WAS THE LOCAL UNION/EMPLOYEE REPRESENTATIVE NOTIFIED: Yes No  
Who should be notified \_\_\_\_\_

20. WAS ANY ACTION TAKEN BY EMPLOYER: (specify)

\_\_\_\_\_

21. ASSAILANT/PERPETRATOR: (circle one): Intruder, Customer, Patient, Resident, Client, Visitor, Student, Co-Worker, Former, Employee, Supervisor, Family/Friend, Other, (specify):

\_\_\_\_\_

22. ASSAILANT/PERPETRATOR - NAME/ADDRESS/AGE (if known): \_\_\_\_\_

\_\_\_\_\_

23. PLEASE BRIEFLY DESCRIBE THE INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. INCIDENT DISPOSITION: (Circle all that apply): No action taken, Arrest, Warning, Suspension, Reprimand, Other: \_\_\_\_\_

25. DID THE INCIDENT INVOLVE A WEAPON: Yes No

Specify \_\_\_\_\_

26. DID YOU LOSE ANY WORK DAYS: Yes No

Specify \_\_\_\_\_

27. WERE YOU SINGLED OUT OR WAS THE VIOLENCE DIRECTED AT MORE THAN ONE INDIVIDUAL:

\_\_\_\_\_

28. WERE YOU ALONE WHEN THE INCIDENT OCCURRED: \_\_\_\_\_

29. DID YOU HAVE ANY REASON TO BELIEVE THAT AN INCIDENT MIGHT OCCUR: Yes No

Why: \_\_\_\_\_

30. HAS THIS TYPE OR SIMILAR INCIDENT(S) HAPPENED TO YOU OR YOUR CO-WORKERS: Yes No

Specify: \_\_\_\_\_

31. HAVE YOU HAD ANY COUNSELING OR SUPPORT SINCE THE INCIDENT:

Yes No

Specify: \_\_\_\_\_

32. WHAT DO YOU FEEL CAN BE DONE IN THE FUTURE TO AVOID SUCH AN INCIDENT:

\_\_\_\_\_

33. WAS THIS ASSAILANT INVOLVED IN PREVIOUS INCIDENTS: Yes No

Specify:

\_\_\_\_\_

34. ARE THERE ANY MEASURES IN PLACE TO PREVENT SIMILAR INCIDENTS:

Yes No

Specify: \_\_\_\_\_

35. HAS CORRECTIVE ACTION BEEN TAKEN:

Specify: \_\_\_\_\_

36. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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