



## **Workplace Violence Incident Report**

Today's Date:

Date of Incident:

Time of Incident:

Location of Incident:

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Employee Name:

Job Title:

Names and job titles of involved employees, students, parents, or visitors:

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Names or identifiers of other involved individuals:

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Names of witnesses:

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Describe the events leading up to the incident (print a separate sheet if necessary):

Describe the incident, including how it occurred (print a separate sheet if necessary):

Describe or list any illnesses or injuries:



By signing this Report, I am certifying that the information contained in it, as well as any attached sheets, is truthful and accurate.

\_\_\_\_\_  
Employee Signature

Dated: \_\_\_\_\_

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This section is to be completed by the Supervisor, Building Principal, or Human Resources representative.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Report Received: \_\_\_\_\_

Personal Privacy Case: Yes No