

UNACCEPTABLE BEHAVIOR INCIDENT REPORT FORM

INSTRUCTIONS

This form must be completed by the complainant's supervisor or by UHR when an employee reports an incident involving a threat, act of intimidation, violence or other unacceptable behavior being committed by another employee.

1. Complainant's name: _____ Job Title: _____
2. Complainant's home address _____
3. Home phone number: _____ Work phone number _____
4. Department _____
5. Complainant's work location _____
6. Incident date: _____ Incident time: _____ Incident location: _____
7. Type of incident: (circle one): Assault, Robbery, Harassment, Disorderly Conduct, Sex Offense, Other. (Please specify) _____

8. Were you injured? (circle) Yes No
If yes, please specify your injuries and the location of any treatment: _____

9. Did police respond to incident: Yes No
10. Which police department: _____
11. Police report filed: Yes No
12. Was your supervisor notified? Yes No
13. Supervisor's name: _____
14. Was any action taken? (specify) _____

15. Alleged perpetrator: (circle one): Intruder, Customer, Patient, Resident, Client, Visitor, Student, Co-Worker, Former Employee, Supervisor, Family/Friend, Other, (specify): _____

16. Alleged perpetrator – Name/address/age (if known): _____

17. Please briefly describe the incident: _____

18. Were you alone when the incident occurred: _____

19. Provide information for all witnesses: name, department, address, phone number: _____

20. Did the incident involve a weapon? Yes No Specify: _____

21. Were you unable to continue or report for work due to the incident? Yes No
How long? _____ Why? _____

22. Was the violence directed solely at you or were others included? If others were included,
name(s), department(s), address(es), phone number(s) if known: _____

23. Did you have any reason to believe that an incident might occur? Yes No
Why _____

24. Has this type or similar incident(s) happened to you or your co-workers? Yes No
Specify: _____

25. Was the alleged assailant involved in previous incidents? Yes No _____

26. Have you had any counseling or support since the incident? Yes No
Specify: _____

27. What are your recommendations for avoiding such an incident? _____

28. Are there any measures in place to prevent similar incidents? Yes No
Specify _____

29. Has corrective action been taken? Yes No Specify _____

30. Incident disposition: (Circle all that apply): No action taken, Arrest, Warning, Suspension, Reprimand, Other: _____

31. Comments: _____

Action taken, _____ Referred to OUPD
 _____ Referred to University Human Resources for further action
 _____ Interviewed all parties, investigated facts, filed with UHR
 _____ Dismissed complaint because _____
 _____ Other _____

Recorder's Signature _____ Date _____

Complainant's Signature _____ Date _____