



## WORKPLACE VIOLENCE INCIDENT REPORT FORM

*This form is to be completed by the reporting employee's immediate Manager and sent to the Regional Loss Prevention Manager in the event of a threatening or (potentially) violent event.*

Date of Report: \_\_\_\_\_

Day of Week of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

REPORTING EMPLOYEE:	VICTIM (if not the same as reporting employee)
Name:	Name:
Job title:	Job title:
Store/Department:	Store/Department:
Work Address:	Work Address:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

ALLEGED OFFENDER(S):
Name (if known):
Identifying information if unknown: Approximate age:      Male:      Female:
Relationship to the victim/reporting employee: Co-worker <input type="checkbox"/> Customer <input type="checkbox"/> Supervisor <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Stranger <input type="checkbox"/> Other <input type="checkbox"/>

DETAILS OF THE INCIDENT:
Type of Incident: (physical injury, verbal abuse, threatening behavior, verbal threat, written threat, damage to personal/other property):



Location of Incident:

Description of Incident/Events:

Did the incident include a weapon? If "yes", please describe the weapon.

What events occurred immediately prior to the incident?

What happened immediately after the incident?

Manager's Comments:

**MEASURES TAKEN TO PREVENT REOCCURENCE (if any):**

Was victim referred to counseling?

Yes ☐ No ☐

Was assailant referred to counseling?

Yes ☐ No ☐ N/A ☐

Was the matter reported to police?

Yes ☐ No ☐

If YES, please indicate the police report occurrence # \_\_\_\_\_ and police officer badge # \_\_\_\_\_

**EMPLOYEE SIGNATURE:****DATE:****MANAGER'S NAME:****DATE:****SIGNATURE:****REGIONAL LOSS PREVENTION MANAGER:****DATE:**