



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):

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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: