

# TOMPKINS COUNTY

## WORKPLACE VIOLENCE INCIDENT REPORT FORM

### Section 1 - Employee/Victim Information

Employee (victim) Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employee Yes No If Yes, complete this section, If No, skip to Section 2 - Incident Details

Employee # \_\_\_\_\_ Job Title \_\_\_\_\_ Shift \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

### Section 2 - Incident Details

Date & Time of Incident: \_\_\_\_\_ Location Of Incident \_\_\_\_\_

Were you Injured? Yes No If yes, Nature/Extent of injury \_\_\_\_\_

Did you seek Medical Treatment? Yes No

Nature of Incident:

Harassed by Email or other written Verbal Harassment Intimidation Physical Assault Armed Assault

Destruction of Property Stalking Other (specify) \_\_\_\_\_

Witnesses :

#1 \_\_\_\_\_ Telephone # \_\_\_\_\_

#2 \_\_\_\_\_ Telephone # \_\_\_\_\_

#3 \_\_\_\_\_ Telephone # \_\_\_\_\_

Describe Incident:

- Include events leading up to the incident
- Specific language of the threat
- Specific details of the threat or act of violence
- how the incident ended

---

---

---

---

---

---

---

---

---

---

**TOMPKINS COUNTY**  
**WORKPLACE VIOLENCE INCIDENT REPORT FORM**

**Section 3 - Assailant/Perpetrator Information**

Assailant/Perpetrator Relationship to Victim

Co-worker    Supervisor    Client/Customer    Patient    Visitor/Public    Person in Custody    Former Employee  
Contractor/Vendor    Spouse/Partner/Relative    Friend    Other \_\_\_\_\_

Name and Address of Assailant/Perpetrator (if known) \_\_\_\_\_  
\_\_\_\_\_

Suggestions for preventing a similar incident in the future

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EmployeeSignature \_\_\_\_\_

Date\_\_\_\_\_

# TOMPKINS COUNTY

## WORKPLACE VIOLENCE INCIDENT REPORT FORM

### Section 4 - To be Completed by Tompkins County

**Supervisor Notified**      Date \_\_\_\_\_ Time \_\_\_\_\_      Victim offered services of EAP?      Yes      No  
Were Police called      Yes      No      Did They Respond      Yes      No      Was a report filed      Yes      No      DR # \_\_\_\_\_  
Was Assailant Arrested      Yes      No      Date \_\_\_\_\_ Time \_\_\_\_\_  
Charges \_\_\_\_\_

Action Taken by Supervisor

---

---

---

---

Suggestions for preventing a similar incident in the future

---

---

---

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Head Notified**      Date \_\_\_\_\_ Time \_\_\_\_\_

Action Taken by Department:

---

---

---

---

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personnel Commissioner comments:**

---

---

---

---

Commissioner of Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_