

WAYNE COUNTY
WORKPLACE VIOLENCE/PROHIBITED
CONDUCT INCIDENT REPORT FORM

This form is to be completed by a supervisor investigating the incident. Return completed form within 2 days following notification of a threatening incident or prohibited conduct to the Department Director and Director of Personnel/Human Resources (P/HR). If available, attach witness statements and/or police report to this form.

Report submitted by:	Date:
Job Title & Department of Supervisor:	Phone/email:

Date of Incident:	Time of Incident:
Address/Location of Incident:	

Individuals Involved in the Incident: (use additional sheet(s) if necessary)

Name:	Name:
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant/Perpetrator or <input type="checkbox"/> Unknown	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant/Perpetrator or <input type="checkbox"/> Unknown
Job title:	Job title:
Dept/Division:	Dept/Division:
Phone/email:	Phone/email:
Immediate Supervisor:	Immediate Supervisor:

Assailant/Perpetrator Relationship to Victim, if known:

<input type="checkbox"/> co-worker	<input type="checkbox"/> supervisor/management
<input type="checkbox"/> client/customer/visitor	<input type="checkbox"/> spouse/partner
<input type="checkbox"/> other	<input type="checkbox"/> unknown

Possible Reason for Incident: (If known, check all that apply)

<input type="checkbox"/> Conflict with co-worker(s)/former co-worker	<input type="checkbox"/> Receiving corrective action
<input type="checkbox"/> Conflict with management	<input type="checkbox"/> Other (specify)

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Nature of Incident:

Describe the nature or type of incident/prohibited conduct (i.e. physical injury/assault; verbal abuse/harassment; threatening behavior; verbal/written threat; sexual harassment, damage to property, etc):

Describe with specificity the incident/event: (use additional sheet(s) if necessary)

Describe any potential warning signs observed:

Did the incident involve a weapon? If so, describe weapon:

What events occurred immediately prior to the incident/event:

What happened immediately after the incident/event:

Any prior history of violence with any individual involved? If yes, please explain:

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Injury to Person/Damage to Property

Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) of injured person(s): Please specify injury(ies): Was medical care required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:	Was any property damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify what was damaged and extent of damage:
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Initial Response or Follow up Activity: (Check all that apply)

<input type="checkbox"/> Situation defused	<input type="checkbox"/> Union Contacted
<input type="checkbox"/> Security called	<input type="checkbox"/> Employee Assistance Program referral. Who referred? _____
<input type="checkbox"/> Other (specify)	

Law Enforcement Involvement:

Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of local law enforcement agency: Was anyone arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s) of persons arrested: What, if any action taken by law enforcement: Complaint No.:	
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Disposition of Assailant/Perpetrator:

<input type="checkbox"/> stayed on premises <input type="checkbox"/> escorted off premises <input type="checkbox"/> left premises on own <input type="checkbox"/> other, please specify:	
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Supervisory Staff involvement:

Name(s) of supervisory staff involved: How did supervisor(s) respond:
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List Name(s) of Witnesses: (Use additional sheet(s) if necessary)

Name: Name: Attach Witness Statements to this form	Phone #: Phone #:
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Supervisor's Comments:

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Signature of Supervisor: _____ **Date:** _____

Date Submitted to Dept Director and P/HR:

Please attach and send any other relevant documents to this report.
Please amend report upon discovery of new facts/information and forward amended report to Dept Director and P/HR Director.