



Incident Report Form for Workplace Violence

To be completed by the individual investigating the incident. Consult with the Office of Human Resources, (740) 366-9360.

1. Person completing form: Date _____

Name _____ Phone _____

Campus address _____

Title _____ E-mail _____

2. Individuals involved in the incident (use additional sheet for additional individuals):

Name _____ Name _____

Title _____ Title _____

Phone _____ Phone _____

Immediate supervisor _____ Immediate supervisor _____

Senior Administrator _____ Senior Administrator _____

Union _____ Union _____

3. On an attached sheet, describe the incident (Give details: what was said/done, when, where, and how).

4. On an attached sheet, list all witnesses (Name, title, unit/department, phone number, e-mail; attach any documentation you have).

5. Any prior history of violence with any of the individuals involved?

____ Yes ____ No ____ Unknown

On an attached sheet:

A. Provide background details (violence, weapon possession, personal problems, drugs/alcohol history, etc.).

B. Describe potential warning signs observed/reported (behavior, conduct, stress).

6. Action taken:

____ Manage internally ____ No action needed

Completed by _____ Position _____ Phone _____

7. Re-evaluate action. Identify and implement new measures as indicated.