

WORKPLACE VIOLENCE INCIDENT REPORT FORM

This report should be prepared by City of Pittsburg employees when someone inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

Date of Incident: _____ Time: _____ Location of Incident: _____

Complainant:

Name: _____

Department: _____ Phone: _____

Injuries to you?: Yes No

Alleged Perpetrator:

Name: _____

City Employee: Yes No

Physical Description (if necessary): _____

If City employee: Department: _____ Phone: _____

Description of Incident or Threat:
(Attach additional pages if necessary)

Others injured?: Yes No Description of Injuries: _____

Weapon Involved: Yes No If yes, Specify: _____

Property Damage: Yes No If yes, describe: _____

Witness(es): _____ City Employee: Yes No
Name Phone

Witness(es): _____ City Employee: Yes No
Name Phone

Police Department/Dispatch Notified: Yes No If yes, Specify Incident/Crime Report #: _____

Restraining order? Yes No

Referral to Employee Assistance Program Requested: Yes No MHN contact number is (800) 242-6220

Person Making Report: _____
Print Name and Date Phone

Department: _____ Title: _____