

# 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): \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ City Employee:  Yes  No

Witness(es): \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ City Employee:  Yes  No

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: \_\_\_\_\_