



COUNTY OF IMPERIAL Violent Incident Report

Violent Incident-Report Instructions

Employees are encouraged to inform their supervisors about any threats of violence or workplace violence. If that is not possible, employees may report incidents directly to the WVPP Administrator. Employees may use this form to assist in their reporting of incidents.

Supervisors receiving a report of workplace violence must complete this form with as much detail as possible to support an investigation. The original report must be forwarded through all appropriate levels of supervision, Department Head or their Designee, and Human Resources & Risk Management Department. The department must maintain the original form. Department of Human Resources will maintain a copy.

Employee Information (employees making an anonymous report do not have to identify themselves)

Reporting Employee: _____

Affected Employee(s): _____

Affected Employee(s) Job Title(s): _____

Department: _____

Facility Address: _____

Incident Information

Date incident occurred: _____

Time incident occurred: _____

Specific address and detailed description of where incident occurred (i.e. empty hallway, warehouse bathroom):

Definitions of Violent Incident Types

- Type I violence: workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- Type II violence: workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- Type III violence: workplace violence against an employee by a present or former employee, supervisor, or manager.
- Type IV violence: workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Checklist of Questions to Answer After a Violent Incident

1. Which type of person threatened or assaulted the employee(s)?

Type I: Stranger Thief/Suspect Other

Type II: Client/Customer Passenger Person in Custody Patient Visitor

Type III: Current Co-worker Former Co-worker Supervisor/ Manager

Type IV: Describe the personal relationship with employee (i.e. spouse, partner, relative, friend):

2. What type of violent incident occurred (check all that apply)?

Verbally Threatened Physically Assaulted Punched

Slapped Grabbed Pushed Choked Kicked Bitten

Hit with Object Threatened with Weapon Assaulted with Weapon Animal Attack

Other (Describe): _____

3. Was a weapon used? Yes No

Describe the incident:

4. Was/were the employee(s) working alone? Yes No

If not, who was/were with the employee(s) that may have witnessed the incident?

5. Were there threats made before the incident occurred? Yes No

If yes, was it ever reported to the employee's supervisor or manager that the employee(s) was/were threatened, or was/were suspicious that the attacker may become violent?

Reporter Information

Report Completed By: _____

Department/Job Title: _____

Date: _____ Phone number: _____

Email: _____