



County of Trinity

Workplace Violence Incident Report Form

Section 1: Information about the Individual Completing the Report

Name: _____

Department: _____

Job Title: _____

Date Completed: _____

Section 2: Information about the Incident

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Classify the nature of the location (e.g., workplace, parking lot, area outside of workplace, or other area):

Workplace Violence Type (Check one box):

- Type 1– Violence committed by a person who has no legitimate business at the workplace.
- Type 2– Violence committed by a customer, client, patient, student, inmate or visitor.
- Type 3– Violence committed by a present or former employee, supervisor or manager.
- Type 4– Violence committed by a nonworker with a personal relationship with the employee.

Classify the type of person committing the violence (e.g., customer/client or their family member, coworker, spouse, parent or other family member or stranger with criminal intent):

Type of Incident (Check all boxes that apply):

- Physical attack without a weapon (e.g., punching, kicking, spitting, biting, choking, grabbing, or pushing).
- Attack with a weapon or other object (e.g., firearm or knife).
- Threat of physical force or use of weapon or other object.
- Sexual assault or threat of sexual assault (e.g., rape, attempted rape, or physical display).
- Other:

Describe incident in detail (use additional sheets as needed):

Note: The description must include classification of circumstances including, but not limited to, whether the employee was completing usual job duties working in poorly lit areas, rushed in their duties, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in a new or unfamiliar location.

Witnesses of Incident: _____

Signature of Employee: _____

Signature of Supervisor: _____

Signature of Risk Management: _____

Signature of Director of Human Resources: _____

