

Workplace Violence/Harassment Incident Report Form

Employee Name: _____

Location: _____

Name of the other person(s) involved:

Were there any witnesses, if so who?

Yes No Witness Name: _____

Did the incident involve a threat of violence or act of violence?

Threat Act

Did the incident involve harassment?

Verbal Other

Were the police notified of the incident?

Yes No

Date the incident occurred (mm/dd/yyyy) _____/_____/_____

Where did the incident occur? _____

Please describe in detail the incident that occurred. If an injury was sustained as a result of the incident please describe the injury and what medical attention was needed.

Signature of Employee:

Signature of Supervisor:

Date: _____