



WORKPLACE VIOLENCE INCIDENT REPORT

Each section of the form should be completed by the specified person.

SECTION 1: TO BE COMPLETED BY THE PERSON SUBJECT TO OR OBSERVED THE INCIDENT.

Date of Incident:	Time:
Address/Location of Incident:	

Report submitted by (<u>May Remain Anonymous</u>):	Date:
Title:	Telephone:
Chain of command notified of the incident? Yes No	

SECTION 2: TO BE COMPLETED BY: WRNMMC FORT BELVIOR JPC HQ

Individuals involved in the incident (use additional sheet(s) if necessary):

Name: (Violence directed towards) <input type="checkbox"/> Civilian <input type="checkbox"/> Military <input type="checkbox"/> Contractor <input type="checkbox"/> Other	Assailant's Name: <input type="checkbox"/> Civilian <input type="checkbox"/> Military <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Title:	Title:
Division:	Division:
Phone:	Phone:
Immediate or Higher Level Supervisor:	Immediate or Higher Level Supervisor:
Has victim been notified of your intent to complete this form? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the assailant's supervisor been notified of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>

Assailant Relationship to Employee

<input type="checkbox"/> Co-worker	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Other (specify)	

Category of (Check one or more)**Threat**

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Nonverbal	<input type="checkbox"/> Phone	<input type="checkbox"/> Electronic
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Nonverbal	<input type="checkbox"/> Phone	<input type="checkbox"/> Electronic
<input type="checkbox"/> Other (specify)				

Harassment and/or Sexual

Being Harassed:	<input type="checkbox"/> Verbally	<input type="checkbox"/> Nonverbally	<input type="checkbox"/> Via Phone	<input type="checkbox"/> Via Electronic (Email/Social Media)
<input type="checkbox"/> Other (specify)				

Intimidation / Bullying

<input type="checkbox"/> Stalking
<input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress
<input type="checkbox"/> Other (specify)

Physical Attack

<input type="checkbox"/> Hitting, fighting, pushing, shoving, or sexual assault
<input type="checkbox"/> Use of object as weapon (specify)
<input type="checkbox"/> Use of weapon such as gun, knife, etc. (specify)
<input type="checkbox"/> Other (specify)

Substance Abuse

<input type="checkbox"/> Drugs
<input type="checkbox"/> Alcohol
<input type="checkbox"/> Other (specify)

Did the incident result in any of the following categories?

<input type="checkbox"/> Physical injury	<input type="checkbox"/> Trauma/Emotional injury
<input type="checkbox"/> Medical care required	<input type="checkbox"/> Death

Initial Response: (Check all that apply)

<input type="checkbox"/> Situation defused – no further action needed	<input type="checkbox"/> Medical Staff notified
<input type="checkbox"/> Security notified	<input type="checkbox"/> Supplementary Program referral (e.g., EAP, Pastoral Care, FB's _____, JPC's _____)
<input type="checkbox"/> Installation Police notified	<input type="checkbox"/> Other (specify)

POST ASSESSMENT

SECTION 3: TO BE COMPLETED BY: WRNMMC FORT BELVIOR JPC HQ

What were the contributing factors of the incident: (Check all that apply):

<input type="checkbox"/> Conflict with co-worker(s)/former co-worker	<input type="checkbox"/> Alcohol/drugs in the workplace
<input type="checkbox"/> Conflict with supervisor	<input type="checkbox"/> Receiving disciplinary action
<input type="checkbox"/> Other (specify)	

Follow-up Response: (Check all that apply)

<input type="checkbox"/> Medical treatment provided to victim	<input type="checkbox"/> Victim referred to counseling
<input type="checkbox"/> Medical treatment provided to assailant	<input type="checkbox"/> Assailant referred to counseling
<input type="checkbox"/> Workers' Compensation claim filed	<input type="checkbox"/> Administrative action taken

What other support services were provided to the victim?

<input type="checkbox"/> EAP	<input type="checkbox"/> Support Group
<input type="checkbox"/> Stress Debriefing	<input type="checkbox"/> Other (specify _____)
<input type="checkbox"/> Hotline Number	

What can be done to prevent a future incident?

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Overall, does the victim feel the situation was resolved adequately?

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What can be done to improve the follow-up process?

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