

Workplace Violence Incident Report Form

The Workplace Violence Incident Report Form ("Form") is used to record incidents of "Workplace Violence" as defined below.

"Workplace Violence" means any act of violence or threat of violence that occurs in the **City of Los Alamitos**' workplace.

Information recorded in the Form should be based on information solicited from the employees who experienced an incident of Workplace Violence, the employees who witnessed an incident of Workplace Violence, and/or on the findings from an investigation into an incident of Workplace Violence.

Personally Identifying Information: The **City of Los Alamitos** should omit any personally identifying information sufficient to allow identification of any person involved in a Workplace Violence incident (e.g., victim and witnesses), including, but not limited to the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.

Recording Information from the Form in the Violent Incident Log: The **City of Los Alamitos** should record information regarding the Workplace Violence incident in the **City of Los Alamitos**' Violent Incident Log, and will provide a copy of that Log to the controlling employer.

Date of Report	Date of Incident	Time of Incident am/pm	Employee Completing Report	
			Name:	Title:
Incident Location		Workplace Violence Type (One)		
<input type="checkbox"/> Office <input type="checkbox"/> Parking Lot <input type="checkbox"/> Offsite/Outside Workplace <input type="checkbox"/> Breakroom <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____		<input type="checkbox"/> Type 1 Violence: Workplace Violence committed by a person who has no legitimate business at the worksite (includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime). <input type="checkbox"/> Type 2 Violence: Workplace Violence directed at employees by customers, clients, patients, students, inmates, or visitors. <input type="checkbox"/> Type 3 Violence: Workplace Violence against an employee by a present or former employee, supervisor, or manager. <input type="checkbox"/> Type 4 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.		
Type of Incident (All that Apply)		Perpetrator Classification (One)	Circumstances at Time of Incident (All that Apply)	
<input type="checkbox"/> Physical attack without a weapon, e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, spitting. <input type="checkbox"/> Attack with a weapon/object, e.g., firearm, knife, other object. <input type="checkbox"/> Threat of physical force/threat of the use of a weapon/other object. <input type="checkbox"/> Sexual assault/threat. e.g., rape, attempted rape, physical display, unwanted verbal/physical sexual contact. <input type="checkbox"/> Animal Attack. <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client/Customer <input type="checkbox"/> Family/Friend of a client/customer <input type="checkbox"/> Stranger with criminal intent <input type="checkbox"/> Coworker <input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent/Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Employee was completing usual job duties. <input type="checkbox"/> Employee was working in poorly lit areas. <input type="checkbox"/> Employee was rushed. <input type="checkbox"/> Employee was working during a low staffing level. <input type="checkbox"/> Employee was isolated or alone. <input type="checkbox"/> Employee was unable to get help or assistance. <input type="checkbox"/> Employee was working in a community setting. <input type="checkbox"/> Employee was working in an unfamiliar or new location.	
Detailed Description of Incident (Including description of location and circumstances surrounding Workplace Violence incident)				
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Authorities Contacted		If law enforcement/security was contacted, please detail their response:		
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Security <input type="checkbox"/> Other: _____		<hr/> <hr/> <hr/> <hr/> <hr/>		

