

WORKPLACE VIOLENCE REPORT FORM

Use this form to promptly notify University Police and the Threat Assessment Team of Incidents of workplace violence, threats, and/or situations that could result in harm.

Date of Event	Time of Event	Day of Week	Location of Event
<p>Was a weapon involved? _____ If yes what type: _____</p> <p>Name of Affected Party: _____ Sex of Affected Party: _____ Male _____ Female</p> <p>Affected Party Description – Circle one: Faculty Staff Student Visitor Other _____</p> <p>Has affected party’s supervisor been notified? _____ Yes _____ No</p> <p>Affected party’s supervisor: _____</p>			
<p>Name of Other Party: _____ Sex of Other Party: _____ Male _____ Female</p> <p>Other Party Description – Circle one: Faculty Staff Student Visitor Other _____</p> <p>Job Title (if applicable) _____ Campus Work Location (if applicable) _____</p> <p>Does the affected party know this person? If so how: _____ _____</p> <p>Has other party’s supervisor been notified? _____ Yes _____ No _____ Not Applicable</p>			
<p>Please list any observers or other people involved – list names, phone numbers and function – faculty staff student visitor – if known): _____ _____ _____</p>			
<p>Describe the event or threatening situation in detail, who what when where and why (attach additional sheets if necessary): </p>			
<p>Describe injuries, if any. Clearly identify who received injury. </p>			
<p>Report Filed by (name and job title):</p> <p>Name: _____ Signature: _____</p> <p>Phone: _____ Email: _____</p> <p>Are you the affected party: _____ Yes _____ No</p>			