

Violent Incident Log

Date of incident: _____ Time of incident: _____

Location: _____

Type of violence (choose all that apply):

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- Type 1 violence: workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
- Type 2 violence: workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- Type 3 violence: workplace violence against an employee by a present or former employee, supervisor, or manager.
- 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 (choose one):

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.: _____

Narrative (describe the incident including a timeline):

Classification of the perpetrator (choose all that apply):

- Client or customer
- Family or friend of a client or customer
- Stranger with criminal intent
- Coworker, supervisor or manager
- Partner or spouse
- Parent or relative
- Other perpetrator: _____

Circumstances – The employee was (choose all that apply):

- Completing usual job duties
- Working in poorly lit areas
- Rushed
- Working during a low staffing level
- Isolated or alone
- Unable to get help or assistance
- Working in a community setting
- Working in an unfamiliar or new location

Location (such as in the workplace, parking lot or other area outside the workplace, or other area):

Incident outcome:

Emergency response:

- Onsite security
- Police
- Medical
- Fire

Alerts:

- Alarm
- Text messages
- Supervisor notification
- Public announcement
- Other: _____

Today's date: _____ This record will be maintained a minimum of five (5) years from this date.

Completed by: _____
(Name and job title)

(Signature)